

LENOWISCO (PDC 1) Coordinated Human Service Mobility Plan

Counties: Lee, Scott, and Wise

City: Norton

June 2008

prepared for

Virginia Department of Rail and Public Transportation

prepared by

Cambridge Systematics, Inc.

and

KFH Group



**LENOWISCO (PDC 1)
Coordinated Human Service Mobility Plan
June 2008**

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I. Executive Summary

This Coordinated Human Service Mobility (CHSM) Plan is prepared in response to the coordinated planning requirements of SAFETEA-LU (Safe, Accountable, Flexible, Efficient Transportation Equity Act – A Legacy for Users, P.L. 109-59), set forth in three sections of the Act: Section 5316--Job Access and Reverse Commute (JARC), Section 5317--New Freedom Program, and Section 5310--Elderly Individuals and Individuals with Disabilities Program. The coordinated plan establishes the construct for a unified comprehensive strategy for transportation service delivery in the LENOWISCO Planning District Commission (PDC 1) that is focused on unmet transportation needs of seniors, people with disabilities, and individuals of low income.

This CHSM Plan details the coordinated transportation planning process for PDC 1, and includes the following four required elements:

1. An assessment of available services identifying current providers (public and private).

Information on available transportation services and resources in PDC 1 is included in Section VI.

2. An assessment of transportation needs for individuals with disabilities, older adults, and people with low incomes – this assessment can be based on the experiences and perceptions of the planning partners or on data collection efforts and gaps in service.

For PDC 1, analysis of demographic and potential destinations is included in Section V, and assessment of unmet transportation needs and gaps is contained in Section VII.

3. Strategies and/or activities and/or projects to address the identified gaps between current services and needs, as well as opportunities to improve efficiencies in service delivery.

The 11 strategies identified during the planning process are located in Section VIII.

4. Priorities for implementation based on resources (from multiple program sources), time, and feasibility for implementing specific strategies and/or activities identified.

The prioritized strategies and projects for implementation for PDC 1 are included in Section IX.

Approach to the CHSM Plan

Ultimately, the CHSM Plan must:

- Serve as a comprehensive, unified plan that promotes community mobility for seniors, persons with disabilities, and persons of low income;
- Establish priorities to incrementally improve mobility for the target populations; and
- Develop a process to identify partners interested, willing, and able to promote community mobility for the target populations.

To achieve these goals, the planning process involved:

- Quantitative analyses to identify resources, needs and potential partners;
- Qualitative activities included public meetings with major agencies and organizations funding human services, with representative direct service providers, and with consumers representing the target group constituencies; and
- An inventory of available public transit services was undertaken to provide initial informational tools to the target populations and their representatives.

In addition, this plan includes information on an ongoing structure for leading CHSM Plan updates and facilitating coordination activities in the region.

II. Introduction

The Federal legislation that provides funding for transit projects and services includes new coordinated planning requirements for the Federal Transit Administration's (FTA) Section 5310 (Elderly Individuals and Individuals with Disabilities), Section 5316 (JARC), and Section 5317 (New Freedom) Programs. To meet these new requirements, the Virginia Department of Rail and Public Transportation (DRPT) undertook the development of CHSM Plans for rural and small urban areas of the Commonwealth. While these plans focus on the elements of the FTA coordinated planning requirements, as suggested by the title, these plans take a broad view of the mobility issues faced daily by older adults, people with disabilities, and people with lower incomes in Virginia.

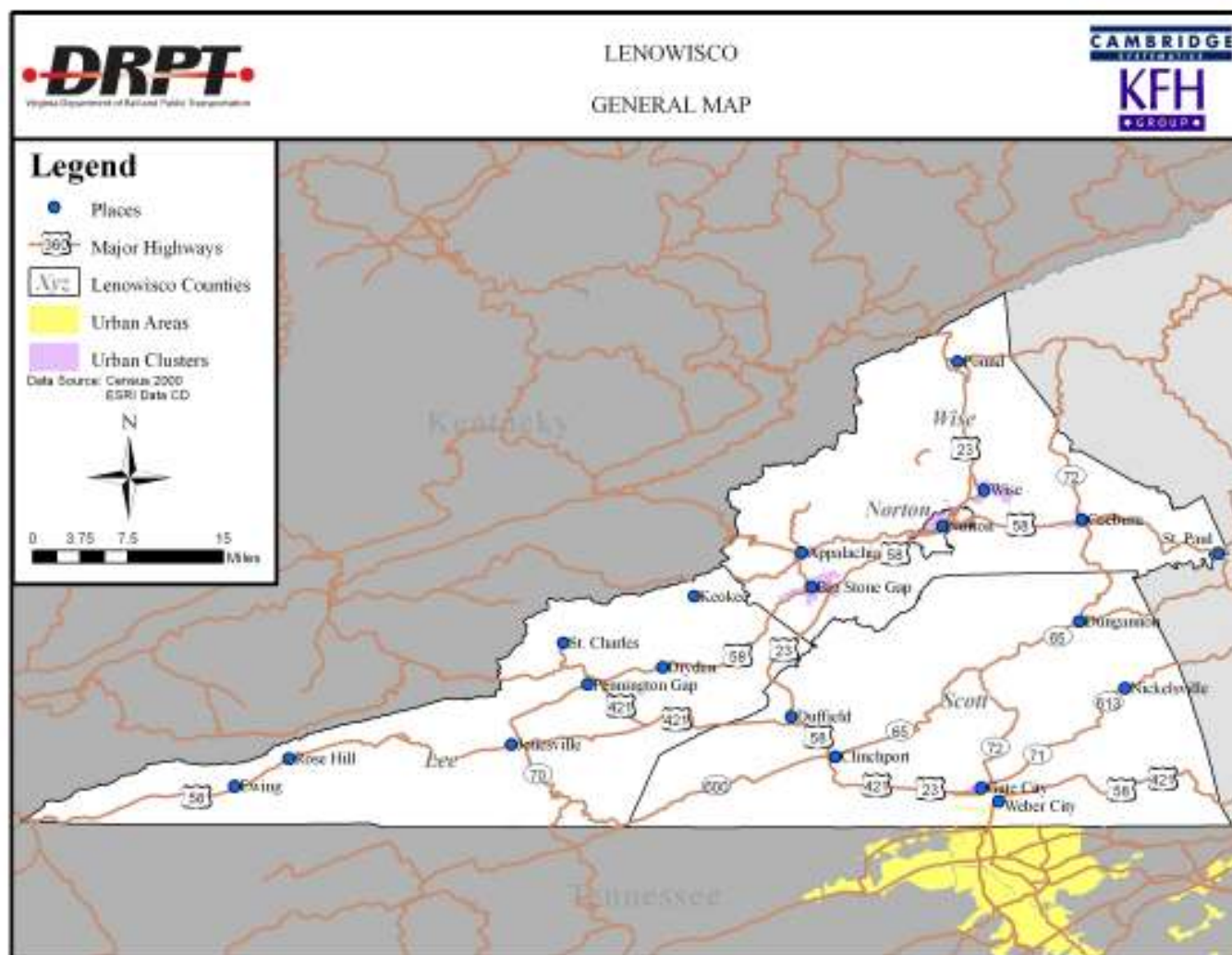
The CHSM Plans are organized geographically around 21 Planning District Commissions (PDCs) throughout the Commonwealth. The PDCs have been chartered by the local governments of each planning district under the Regional Cooperation Act to conduct planning activities on a regional scale.

This CHSM Plan is for the LENOWISCO PDC (PDC 1). Shown in Figure 1, PDC 1 is located in the southwest corner of the Commonwealth, and includes Lee, Scott, and Wise Counties and the City of Norton. PDC 1 is rural in nature with scattered populations and dispersed destinations, presenting distinct transportation needs for older adults, people with disabilities, and people with lower incomes.

The plan development featured continuous input from local stakeholders. A series of workshops was conducted to gather input on unmet transportation needs and issues, and to reach consensus on specific strategies to address the mobility needs of older adults, people with disabilities, and people with lower incomes in the region. More information on outreach activities is included in Section IV.

In addition, previous to the workshops the Mountain Empire Regional Transportation Advisory Council (MERTAC) prepared a Mobility Vision that included information on transportation services, unmet needs, and service gaps in the region. This plan is referenced appropriately in this CHSM Plan, and is included in Appendix A.

Figure 1. Geography of LENOWISCO (PDC 1)



III. Background

In August 2005, the President signed into law SAFETEA-LU, legislation that provides funding for highway and transit programs. SAFETEA-LU includes new planning requirements for the FTA's Section 5310 (Elderly Individuals and Individuals with Disabilities), Section 5316 (JARC), and Section 5317 (New Freedom) Programs, requiring that projects funded through these programs "must be derived from a locally developed, coordinated public transit-human services transportation plan."

In March 2006, the FTA issued proposed circulars with interim guidance for Federal FY 2007 funding through the Section 5310, JARC, and New Freedom Programs, including the coordinated planning requirements. Circulars with final guidance were issued on March 29, 2007, with an effective date of May 1, 2007. The final guidance noted that all grant funds obligated in Federal FY 2008 and beyond must be in full compliance with the requirements of these circulars and the coordinated plan requirement¹. As the designated lead agency and recipient of Federal transit funds in Virginia—including the Section 5310, JARC, and New Freedom Funds—DRPT led the development of CHSM Plans for rural and small urban areas to meet these new Federal requirements.

3.1 Coordinated Plan Elements

FTA guidance defines a coordinated public transit-human service transportation plan as one that identifies the transportation needs of individuals with disabilities, older adults, and people with low incomes; provides strategies for meeting those local needs; and prioritizes transportation services for funding and implementation. In total, there are four required plan elements:

- An assessment of available services that identifies current providers (public, private, and non-profit);
- An assessment of transportation needs for individuals with disabilities, older adults, and people with low incomes;

¹ The final guidance from FTA on the coordinated planning requirements for the Section 5310, JARC, and New Freedom Programs can be found in Appendix B.

- Strategies, activities, and/or projects to address the identified gaps and achieve efficiencies in service delivery; and
- Relative priorities for implementation based on resources, time, and feasibility for implementing specific strategies/activities identified.

3.2 Funding Program Descriptions

Section 5310 (Elderly Individuals and Individuals with Disabilities)

The Federal grant funds awarded under the Section 5310 Program provide financial assistance for purchasing capital equipment to be used to transport the elderly and persons with disabilities. Private non-profit corporations are eligible to receive these grant funds. The Section 5310 grant provides 80% of the cost of the equipment purchased, with the remaining 20% provided by the applicant organization. The 20% must be provided in cash by the applicant organization, and some non-transportation Federal sources may be used as matching funds.

Federal Section 5310 funds are apportioned annually by a formula that is based on the number of elderly persons and persons with disabilities in each State. DRPT is the designated recipient for Section 5310 funds in Virginia.

Section 5316 (JARC)

The JARC Program provides funding for developing new or expanded transportation services that connect welfare recipients and other low income persons to jobs and other employment related services. DRPT is the designated recipient for JARC funds in areas of the Commonwealth with populations under 200,000 persons. Projects are eligible to receive funding for both capital (80/20 match) and operating (50/50 match) costs.

From its inception in Federal FY 1999, the JARC program funds were allocated to States through a discretionary process. The SAFETEA-LU legislation changed the allocation mechanism to a formula based on the number of low-income individuals in each State. The legislation also specifies, through this formula mechanism, that 20% of JARC funds allocated to Virginia must go to areas with populations under 200,000.

Mobility management projects are eligible for funding through the JARC Program, and are considered an eligible capital cost. Therefore, the Federal share of eligible project costs is 80% (as opposed to 50% for operating projects). Additional information on potential mobility management projects is included in Appendix C.

Section 5317 (New Freedom Program)

The New Freedom Program provides funding for capital and operating expenses designed to assist individuals with disabilities with accessing transportation services, including transportation to and from jobs and employment support services. Projects funded through the New Freedom Program must be both new and go beyond the requirements of the Americans with Disabilities Act (ADA) of 1990.

New service has been identified by FTA as any service or activity not operational prior to August 10, 2005, and one without an identified funding source as of August 10, 2005, as evidenced by inclusion in the Transportation Improvement Plan (TIP) or the State Transportation Improvement Plan (STIP).

Similar to the JARC Program, DRPT is the designated recipient for New Freedom funds in areas of the State with populations under 200,000 persons. Similar to JARC, a total of 20% of New Freedom funds are allocated to these areas. Projects are eligible to receive funding for both capital (80/20 match) and operating (50/50 match) costs. Also, like JARC, mobility management projects are eligible for funding and are considered an eligible capital expense.

An overview of these FTA Programs is included in Table 1.

Table 1. Program Information

FTA Program	Match Ratios
S. 5310 – Elderly and Disabled	<u>Capital Only:</u> 80% Federal 20% Local
S. 5316 – JARC	<u>Capital:</u> 80% Federal 20% Local <u>Operating:</u> 50% Federal 50% Local
S. 5317 – New Freedom	<u>Capital:</u> 80% Federal 20% Local <u>Operating:</u> 50% Federal 50% Local

Matching Funds for Section 5310, JARC, and New Freedom Programs

FTA guidance notes that matching share requirements are flexible to encourage coordination with other Federal programs. The required local match may be derived from other non-Department of Transportation Federal programs. Examples of these programs that are potential sources of local match include employment training, aging, community services, vocational rehabilitation services, and Temporary Assistance for Needy Families (TANF).

More information on these programs is available in Appendix D, and on the United We Ride Website at <http://www.unitedweride.gov>. United We Ride is the Federal initiative to improve the coordination of human services transportation.

3.3 Coordination of Public Transit and Human Service Transportation in PDC 1

As part of its outreach efforts in the coordinated transportation planning process, DRPT hosted a series of regional workshops in each PDC. Details regarding the outreach efforts in PDC 1 are outlined in the next section. The initial workshop included a discussion of current and potential efforts to improve coordination of public transit and human services transportation. Participants also discussed ways to improve mobility options for older adults, people with disabilities, and people with low incomes. This general discussion highlighted various functions to improve coordination of services:

- Goals of Coordination:
 - More cost-effective service delivery
 - Increased capacity to serve unmet needs
 - Improved quality of service
 - Services which are more easily understood and accessed by riders
- Benefits of Coordination:
 - Gain economies of scale
 - Reduce duplication and increase efficiency
 - Expand service hours and area
 - Improve the quality of service
- Key Factors for Successful Coordination:
 - Leadership – Advocacy and support, instituting mechanisms for coordination
 - Participation – Bringing the right State, regional, and local stakeholders to the table
 - Continuity – Structure to assure an ongoing forum; leadership to keep the effort focused, and able to respond to ever-changing needs

A more specific discussion at the local workshop identified Mountain Empire Older Citizens, Inc. (MEOC) as the key agency for providing coordinated service in PDC 1. More information on MEOC services is included in "Table 3. Inventory of Available Services" in Section VI of this plan.

IV. Outreach Efforts

FTA guidance notes that States and communities may approach the development of a coordinated plan in different ways. Potential approaches suggested by FTA include community planning sessions, focus groups, and surveys. DRPT took a broad approach that would help ensure the participation of key stakeholders at the local level throughout the development of this plan. It included the development of an extensive mailing list, a series of local workshops, and numerous opportunities for input and comments on unmet transportation needs and potential strategies and projects to improve mobility in the region.

4.1 Invitations to Participate in Plan Development

The development of the invitation list for all potential regional workshop attendees capitalized on the established State Interagency Transportation Council, which includes the Departments of/for Rail and Public Transportation; Rehabilitative Services; the Aging; the Blind and Vision Impaired; Medical Assistance Services; Mental Health, Mental Retardation and Substance Abuse Services; Social Services; and Health; as well as the Office of Community Integration (Olmstead Initiative) and the Virginia Board for People with Disabilities. Representatives of each agency were asked to attend at least one of the regional CHSM planning workshops, and to inform and invite other interested staff from their agency or agencies with whom they contract or work. In addition, special contacts by DRPT were made with each PDC Executive Director regarding the need for PDC participation, leadership, and involvement in the regional CHSM workshops. A presentation was also made during a conference of PDC staff to obtain input on the CHSM workshops and encourage involvement by the PDCs.

Key stakeholders throughout the Commonwealth also received digital invitations from Matthew Tucker, Director of DRPT. The invitation was forwarded to the Executive Director of all primary agencies responsible for providing or arranging human service transportation, and any entity that has previously participated in the Section 5310 Program.

Overall, eight broad categories of agencies received invitations (total number of agencies per category in the Commonwealth included in parentheses):

- Community Services Boards (CSBs) and Behavioral Health Authorities (BHAs). These boards provide or arrange for mental health, mental retardation, and substance abuse services within each locality. (40 total)
- Employment Support Organizations (ESOs). These organizations provide employment services for persons with disabilities within localities around the State. (48 total)
- Area Agencies on Aging (AAAs). These organizations offer a variety of community-based and in-home services to older adults, including senior centers, congregate meals, adult day care services, home health services, and Meals-on-Wheels. (22 total)
- Public Transit Providers. These include publicly or privately owned operators that provide transportation services to the general public on a regular and continuing basis. They have clearly published routes and schedules, and have vehicles marked in a manner that denotes availability for public transportation service. (50 total)
- Disability Services Boards. These boards provide information and resource referrals to local governments regarding the ADA, and develop and make available an assessment of local needs and priorities of people with physical and sensory disabilities. (41 total)
- Centers for Independent Living (CILs). These organizations serve as educational/resource centers for persons with disabilities. (16 total)
- Brain Injury Programs that serve as clubhouses and day programs for persons with brain injuries. (12 total)
- Other appropriate associations and organizations, including Alzheimer's Chapters, American Association of Retired Persons, and the VA Association of Community Services Boards (VACSB).

4.2 Regional Workshops

DRPT conducted an initial round of regional workshops throughout Virginia, and representatives of PDC 1 participated in the Wytheville workshop on April 17, 2007. This workshop included an overview of the new Federal requirements and Virginia's approach, information on the Section 5310, JARC, and New Freedom Programs, and a presentation of the Census-based demographic data for the region.

The workshop also included the opportunity to gain input from participants on unmet transportation needs and gaps. The majority of time in the workshop was dedicated to obtaining input on the local transportation needs of older adults, people with disabilities, and people with lower incomes, and on available transportation resources.

Participants from PDC 1 were invited to a subsequent workshop, held in Marion, VA on November 15, 2007. This workshop focused on potential strategies and projects to meet the needs identified in this plan, and the priorities for implementation. Participants provided comments on the proposed strategies, and approved the ones included in Section VIII.

A third workshop for PDC 1 was held in Marion, VA on May 15, 2008. This workshop included a review of the April 2008 CHSM Plan and final agreement on the components of this June 2008 version. The coordinated planning participants also provided a more formal endorsement of the CHSM Plan that is detailed in Section X. The workshop also featured an announcement from DRPT regarding the next application cycle.

A full listing of workshop participants is included in Appendix E.

4.3 Opportunities to Comment on Plan

In addition to the comments obtained during the regional workshops, local stakeholders received preliminary portions of this plan to review, as well as draft versions of the entire plan. Their comments were incorporated into this CHSM Plan.

V. Demographics and Potential Destinations

To provide an informational framework for PDC 1's CHSM plan, data on three potentially transit dependent populations and on potential destinations were collected and analyzed using Geographic Information Systems (GIS) and other data analysis tools.

5.1 Methodology

The process of assessing transportation needs was a multi-part effort that involved reviewing and summarizing the demographic characteristics of the PDC and the potential destinations, which reflect potential travel patterns of residents. To evaluate transportation needs specific to each population group, Census 2000 data for persons over age 60, persons with disabilities (age 5 and over), persons living below the poverty level, and autoless households were mapped. Autoless households are a helpful indicator of areas that are more likely to need transportation options because residents do not have access to a personal vehicle or cannot drive for various reasons.

The underlying data, at the block group level, for the potentially transit dependent populations and autoless households are included in Appendix F. Mapping the geographic distribution of each population helped to visualize the analysis of high, medium, and low levels of transportation need throughout the region. Numbers for these four population segments were then combined into aggregate measures of transportation need, and evaluated by both density and percentage of potentially transit dependent persons. This population profile was used to identify areas of the PDC that have either high densities of persons in need of transportation services or high percentages of the population with such needs. General population density was also mapped to compare the PDC's areas of high density with areas of high numbers of potentially transit dependent persons, portrayed in the maps for each population segment.

The results of the process are summarized in this section, and are intended to help identify major factors in the coordinated transportation planning process: 1) those geographic areas of the PDC that have high relative transportation needs, and whether these areas are served by existing transportation services; and 2) the potential destinations that older adults,

people with disabilities, and people with lower incomes need transportation to access.

5.2 Demographics

Population Density

Population density is an important indicator of how rural or urban an area is, which in turn affects the types of transportation that may be most viable. Fixed-route transit is typically more practical and successful in areas with 1,000-2,000 or more persons per square mile, while specialized transportation services are usually a better fit for rural areas with less population density.

As shown in Figure 2:

- The vast majority of the region has a low-density population, with only a few areas with a population density over 500 people per square mile.
- Big Stone Gap is the only town with a population density in the medium range, between 1,000 and 2,000 persons per square mile.
- Wise, Norton, and Pennington Gap have population densities in the low range, between 500 and 1,000 persons per square mile.

Numbers of Older Adults, People with Disabilities, and People with Lower Incomes

The numbers of older adults, people with disabilities, and people with lower incomes were mapped in Figures 3, 4, and 5, respectively. While these Figures are helpful indicators of the physical distribution of these population segments, it is important to remember that these numbers cover large areas; therefore, density or a lack thereof will be important in considering the types of transportation that can best serve these populations.

As shown in Figure 3:

- The majority of PDC 1's Census block groups contain more than 200 older adults, particularly in the east and west ends of the PDC.

- The eastern part of Lee County and patches of Wise and Scott Counties are in the medium range with 100-200 older adults per block group.
- The area around Keokee is the only one to have fewer than 100 older adults per block group.

As shown in Figure 4:

- Appalachia, Big Stone Gap, Wise, Coeburn, Dungannon, Nickelsville, and Gate City are among the areas with a high number of persons with disabilities.
- The central portion of Lee County and the remaining parts of Wise and Scott Counties are mostly in the medium range.
- A smaller number of block groups with low numbers of individuals with disabilities are spread throughout the PDC, including areas in the southern half of the City of Norton.

As shown in Figure 5:

- The majority of Wise County and the City of Norton have high numbers of persons below poverty, as do the northern half of Scott County and the northwestern portion of Lee County.
- With the exception of a patch in southern Scott County that is in the low range, the rest of PDC 1 is in the medium range, with 100-200 persons below poverty per Census block group.

Autoless Households

Persons who have limited access to or ability to use a car rely on other transportation options, including public transit services operated in the region and human service organization-provided transportation that is generally restricted to agency clients.

As shown in Figure 6:

- Jonesville, Appalachia, Big Stone Gap, Wise, Coeburn, St. Paul, Dungannon, and Nickelsville have high numbers of autoless households per Census block group.
- The majority of Scott County and some parts of Wise and Lee Counties are in the medium range, while the rest of the PDC is in the low range.

- The northern section of the City of Norton has a medium number of autoless households, while the rest of the city has low numbers.

Ranked Density and Percentage

As described earlier, the numbers of older adults, persons with disabilities, persons below poverty, and autoless households were combined into an aggregate measure for transportation need. Because an individual may belong to more than one of the key population segments, the absolute numbers of these populations cannot simply be added together to obtain a total number of transportation dependent persons. To minimize counting such individuals multiple times when considering all the population segments together, each population segment is ranked. Then all the rankings are summarized to ascertain the block groups' overall ranking for potentially transit dependent persons. This overall ranking was first done by density, which helps identify areas with high concentrations of persons who are likely to have transportation needs.

As shown in Figure 7:

- The highest concentrations of potentially transit dependent persons are in Pennington Gap, Big Stone Gap, and Norton.
- The next highest ranking block groups are located directly outside those three cities, as well as around Jonesville, Dryden, Duffield, Gate City, Weber City, Wise, Coeburn, and St. Paul.
- The rest of the PDC is mostly in the low range for relative transit need based on ranked density.

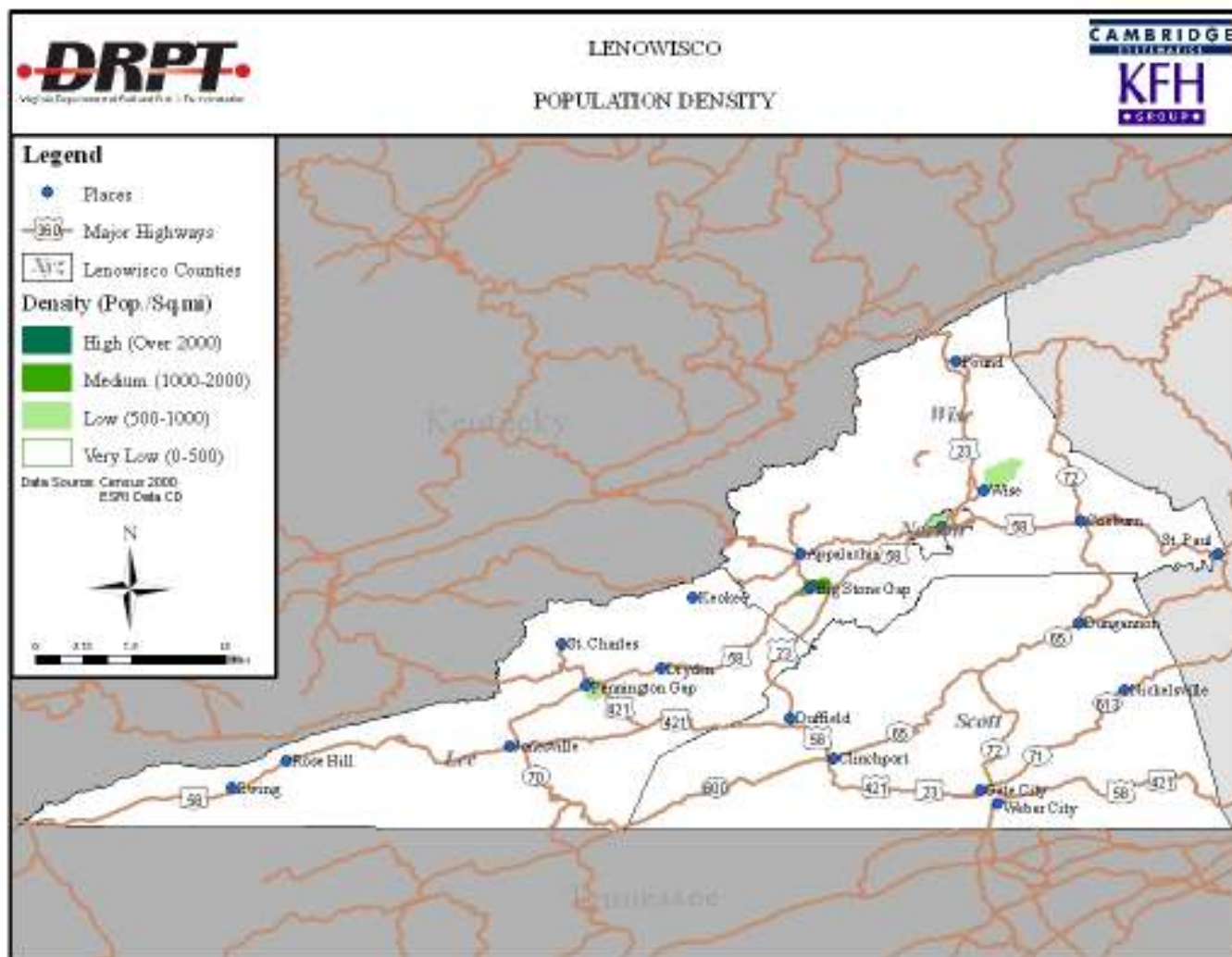
The block groups were also ranked overall by percentage. Unlike the density ranking that portrays the concentration of transportation dependent persons, the percentage ranking captures the proportion of people within a block group that likely has transportation needs. The percentage ranking indicates that there are potentially transit dependent persons throughout the region that may not live in dense clusters.

As shown in Figure 8:

- This ranking indicates more block groups in the high range.
- The western portion of Wise County, the northern and central majority of Scott County, the central section of Lee County, and northwestern Norton city all have block groups with high relative transit need based on ranked percentage.

- Ewing, Keokee, Wise, Coeburn, and Weber City are among areas that lie in the medium range.
- An eastern strip in Lee County, a central strip in Wise County, and a small section in southern Scott County have low relative transit need by ranked percentage.

Figure 2. Population Density



LENOWISCO

**PERSONS AGE 60 AND OLDER
PER CENSUS BLOCK GROUP**

CAMBRIDGE
VIZUALIZATION
KFH
GROUP


Legend

- Places
- Major Highways
- Lenowisco Counties

Number of Persons

- High (Over 200)
- Medium (100-200)
- Low (0-100)

Data Source: Census 2000
ESRI Data CD



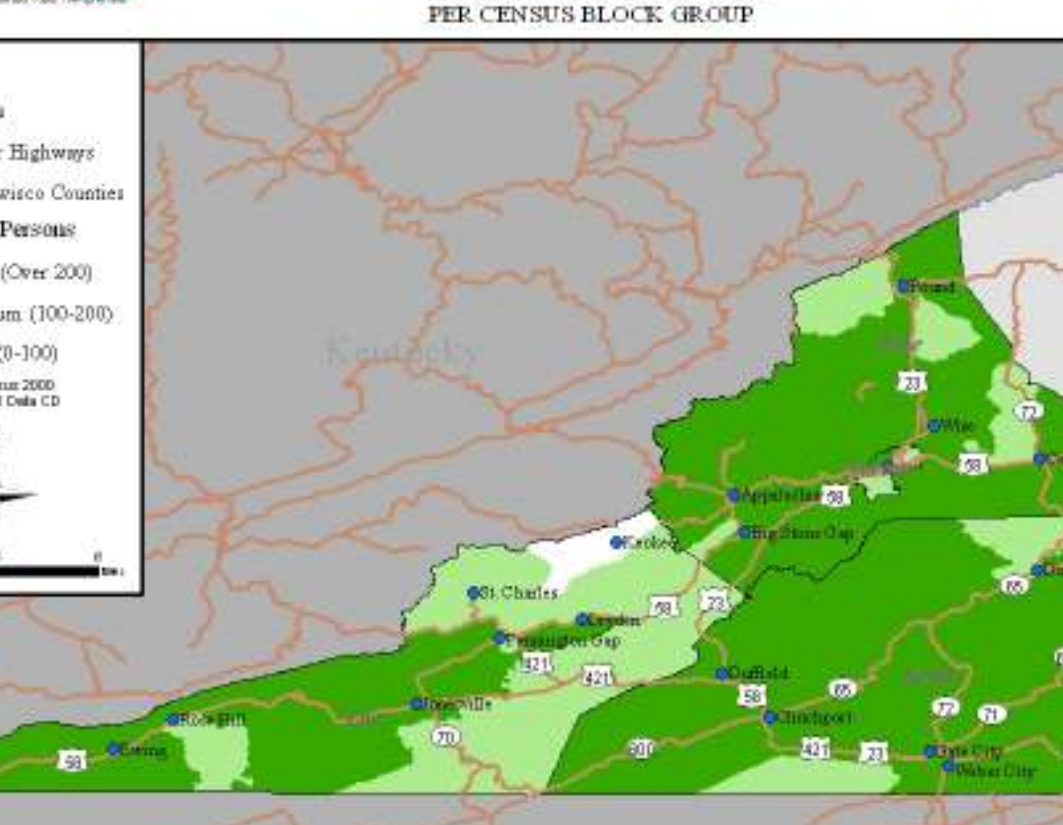


Figure 4. Persons With Disabilities Per Census Block Group

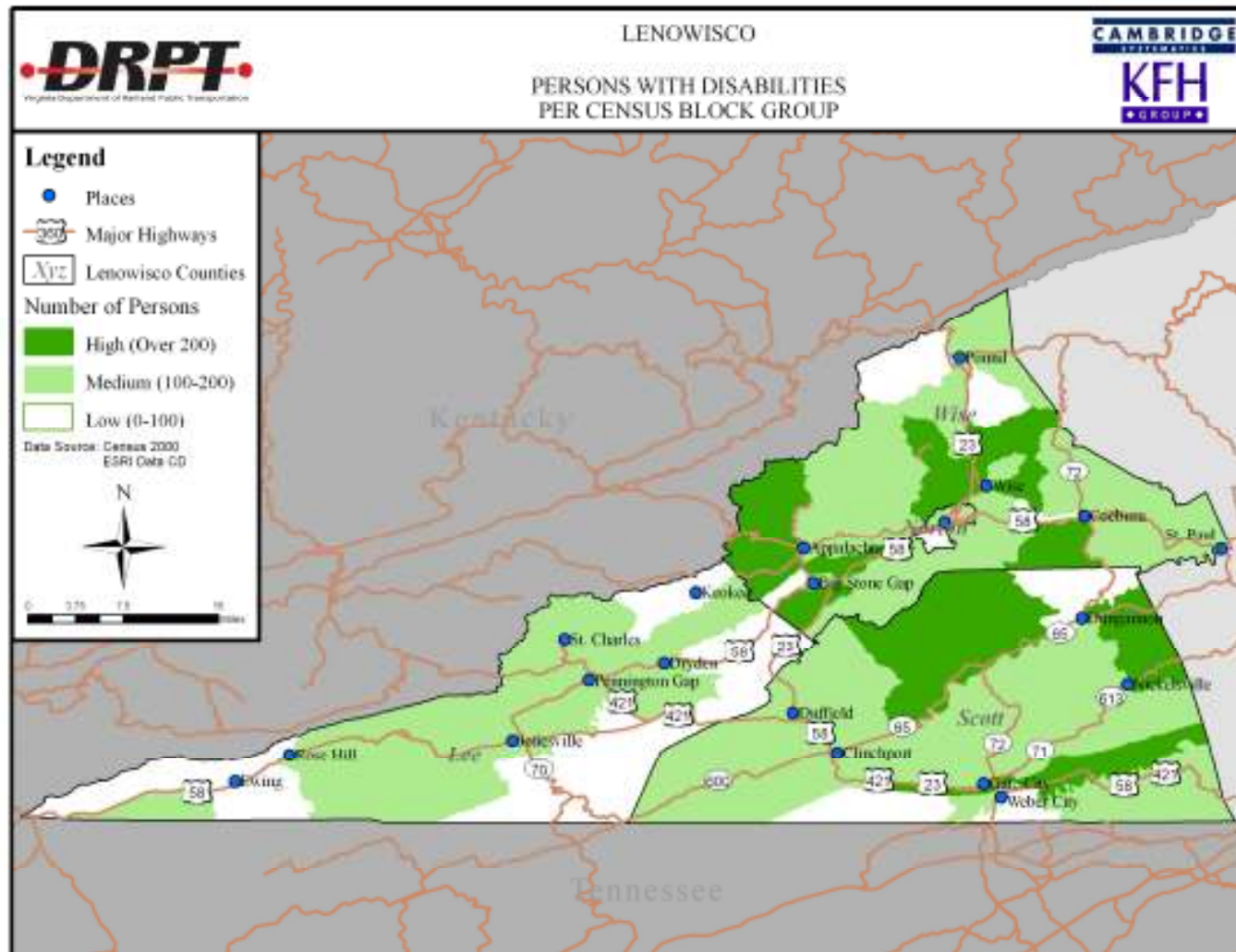


Figure 5. Persons Below Poverty Per Census Block Group

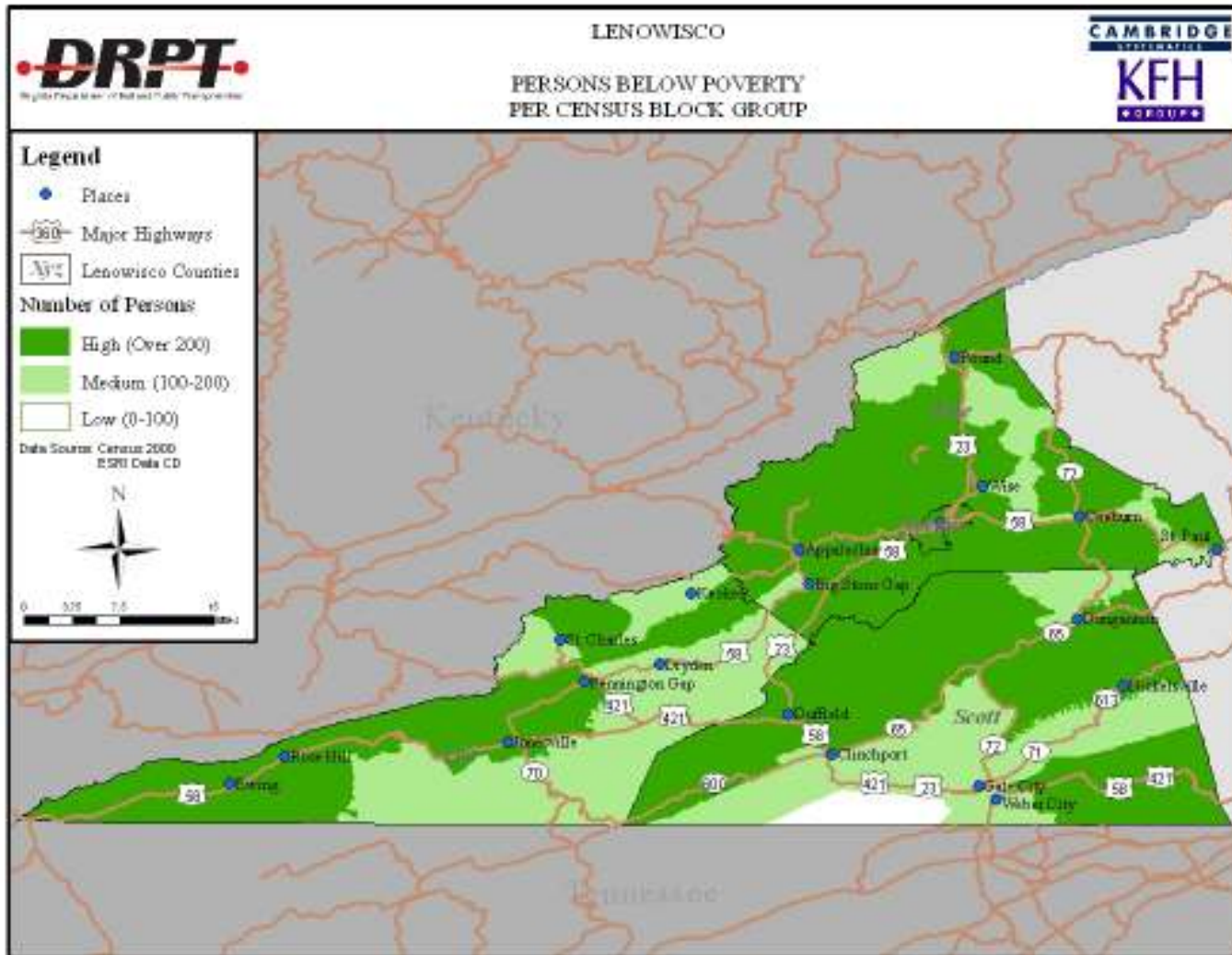


Figure 6. Autoless Households Per Census Block Group

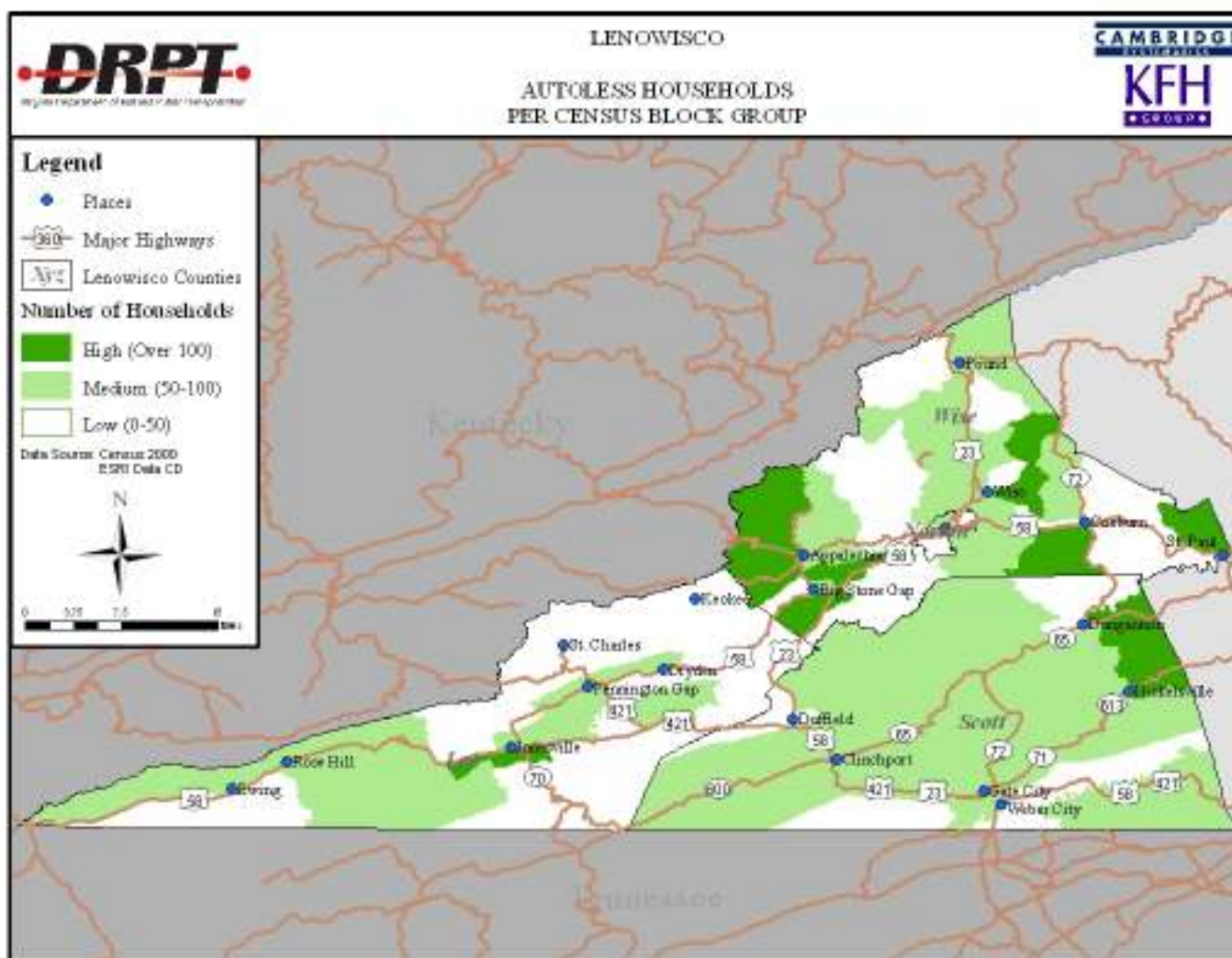


Figure 7. Transit Need by Ranked Density of Transit Dependent Persons

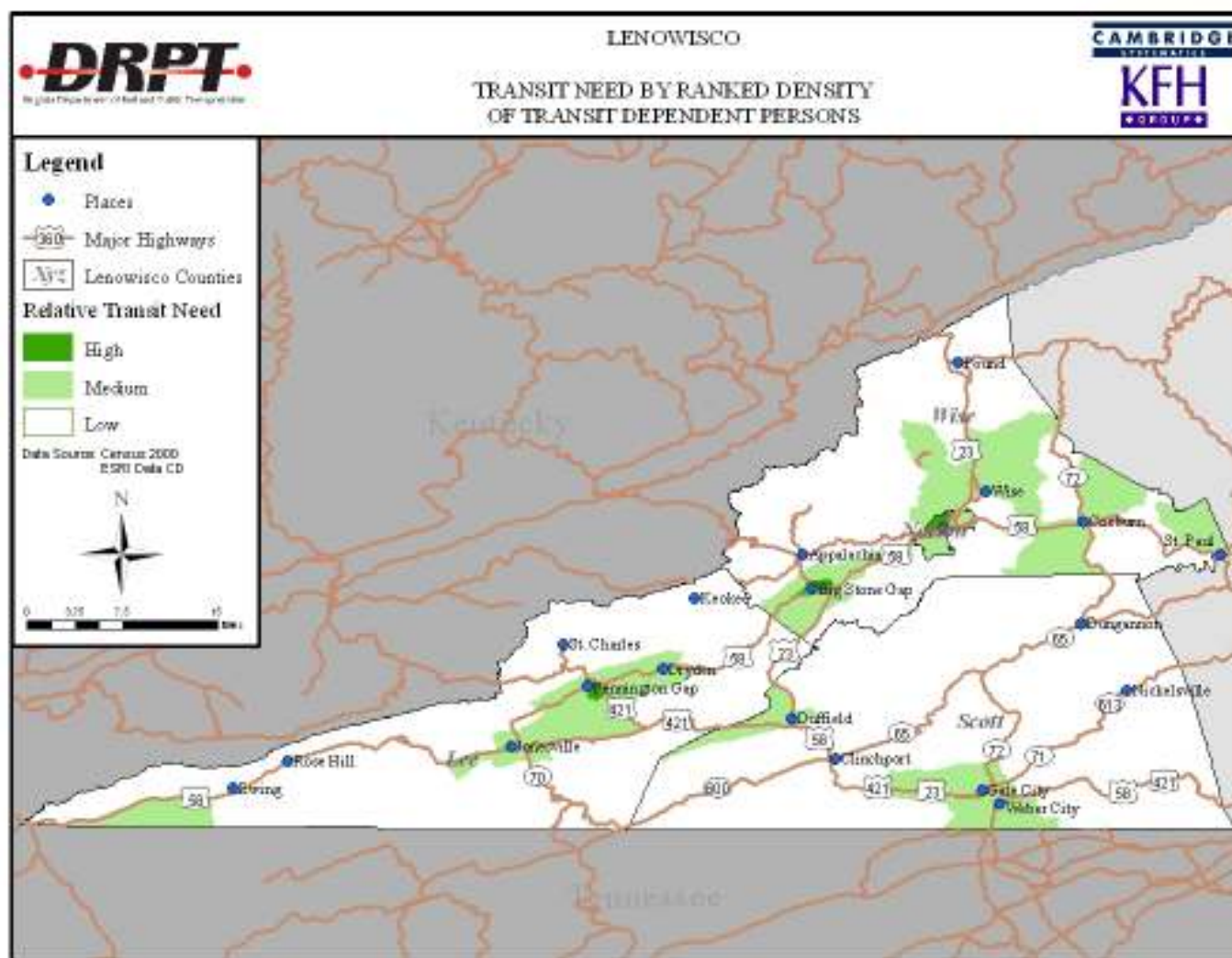
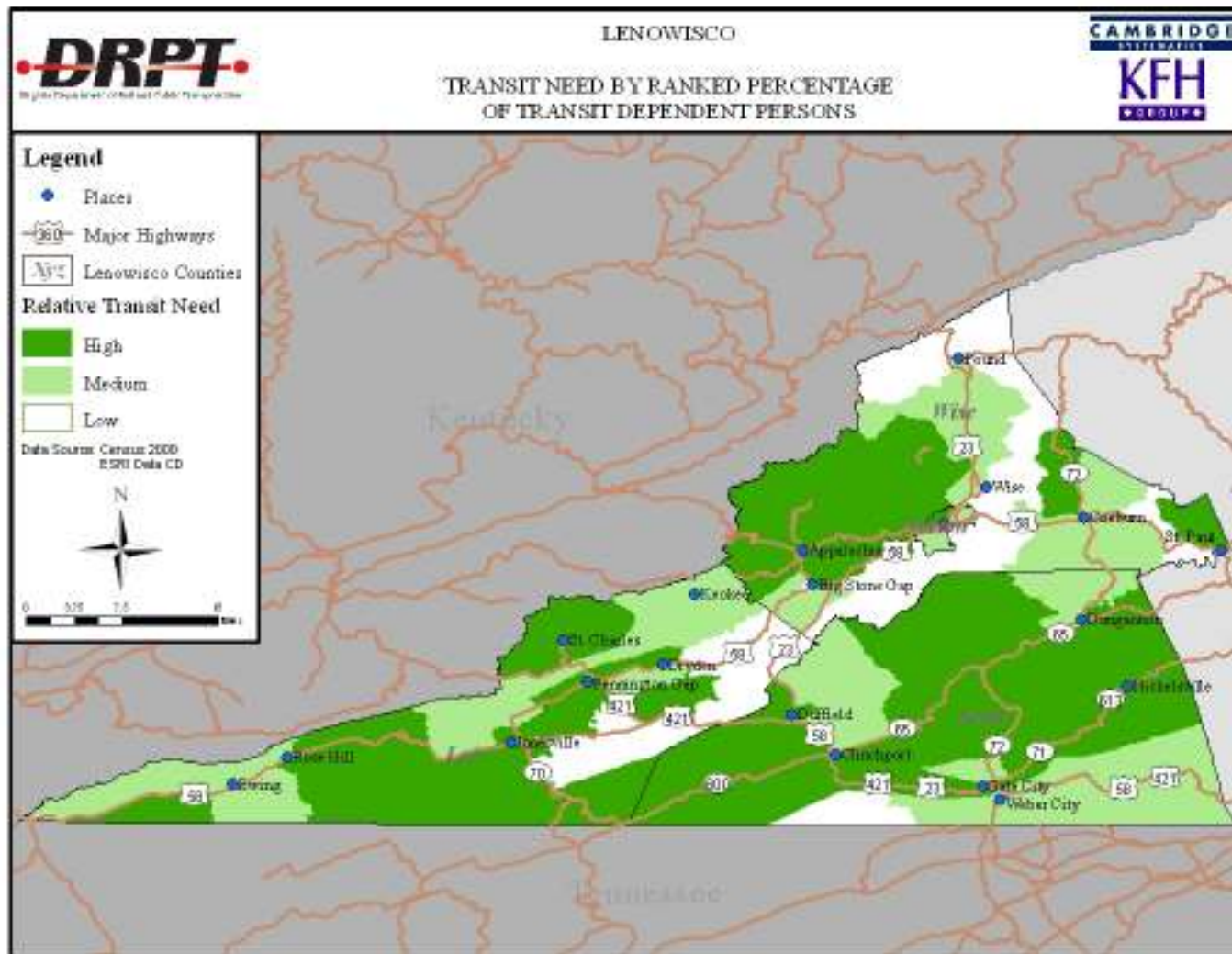


Figure 8. Transit Need by Ranked Percentage of Transit Dependent Persons



5.3 Potential Destinations

Potential destinations are places that residents are attracted to for business, medical services, education, community services, or recreation. They include major employers, medical facilities, educational facilities, human services agencies, and shopping destinations. These destinations were identified using local websites and resources, and supplemented with research through online search engines such as Google. Input regarding key destinations obtained at the regional workshops was also incorporated into this plan. The potential destinations were then mapped with GIS to give a visual representation of popular places to which transportation may be requested by older adults, people with disabilities, and people with lower incomes. The potential destinations were mapped in Figure 9; Table 2 lists the details of the potential destinations.

As shown in Figure 9:

- Potential destinations are spread throughout the PDC, mainly in towns such as Jonesville, Pennington Gap, Big Stone Gap, Norton, Wise, and Gate City.

Figure 9. Potential Destinations

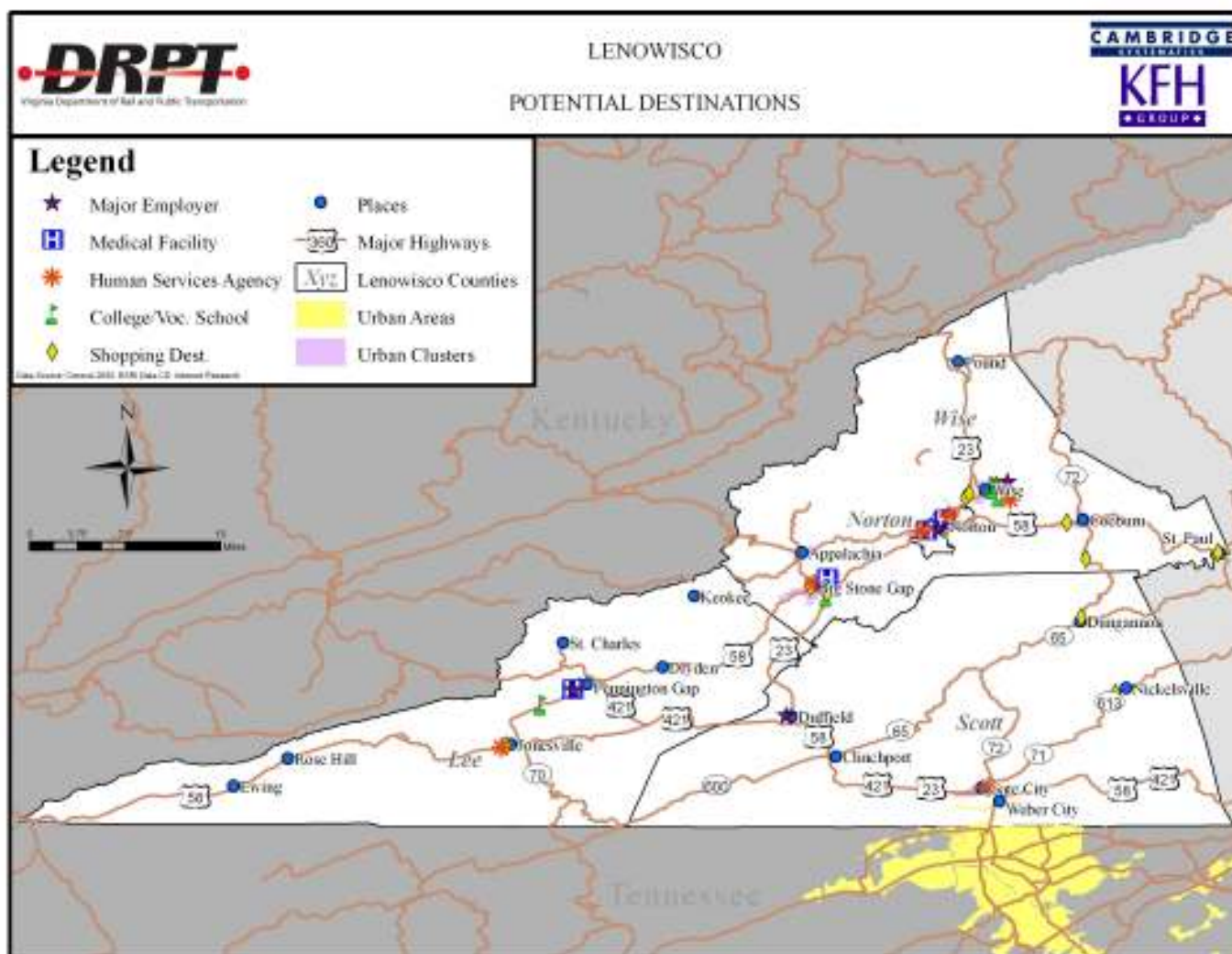


Table 2. Potential Destinations**LENOWISCO (PDC1)**

Destinations				
Type	Name	Address	City	County
Colleges/Voc Schools	University of Virginia's College at Wise	1 College Ave	Wise	Wise
Colleges/Voc Schools	Wise County Technical School	621 Lake St NE	Wise	Wise
Colleges/Voc Schools	Mountain Empire Community College	3441 Mountain Empire Rd	Big Stone Gap	Wise
Colleges/Voc Schools	Old Dominion University	3441 Mountain Empire Rd	Big Stone Gap	Wise
Colleges/Voc Schools	Wise County Skill Center	515 Hurricane Rd	Wise	Wise
Colleges/Voc Schools	Lee County Vocational School	1 Vo Tech Dr	Ben Hur	Wise
Human Services Agency	Lee County Department of Social Services (DSS)	Main St	Jonesville	Lee
Human Services Agency	Scott County Department of Social Services (DSS)	112 Beech St	Gate City	Scott
Human Services Agency	Mountain Empire Older Citizens, Inc. (AAA)	1 Industrial Park Dr	Big Stone Gap	Wise
Human Services Agency	Wise County Department of Social Services (DSS)	Old Coeburn Mountain Rd	Wise	Wise
Human Services Agency	Norton City Department of Social Services (DSS)	938 Park Ave	Norton	Norton City
Human Services Agency	Norton VEC Field Office	1725 Park Ave SW	Norton	Norton City
Major Employer	AT&T Relay Center	830 Park Ave	Norton	Wise
Major Employer	Tempur Production USA	4700 Boone Trail Rd S	Duffield	Scott
Major Employer	Mullican Lumber	4684 Blackwood Industrial Park	Norton	Wise
Major Employer	Sykes Enterprises, Inc.	Horizon Rd	Wise	Wise
Major Employer	Verizon Communications	Horizon Rd	Wise	Wise
Major Employer	KCG Call Centers	1574 W Morgan Ave	Pennington Gap	Lee
Medical	Lee Regional Medical Center	W Morgan Ave	Pennington Gap	Lee
Medical	Wellmont Lonesome Pine Hospital	1990 Holton Ave E	Big Stone Gap	Wise
Medical	Mountain View Regional Medical Center	Third Street, NE	Norton	Norton City
Medical	Norton Community Hospital	100 15th Street NW	Norton	Norton City

VI. Assessment of Available Transportation Services and Resources

In planning for the development of future strategies to address service gaps, it was important to first perform an assessment of the transportation services available in PDC 1. The process included:

- Collection of basic descriptive and operational data for the various programs during the initial workshop. This was achieved through a facilitated session where participants were guided through a catalog of questions, as well as through a brief, two-page questionnaire distributed to transportation providers; and
- Transportation services identified in MERTAC's Mobility Vision.

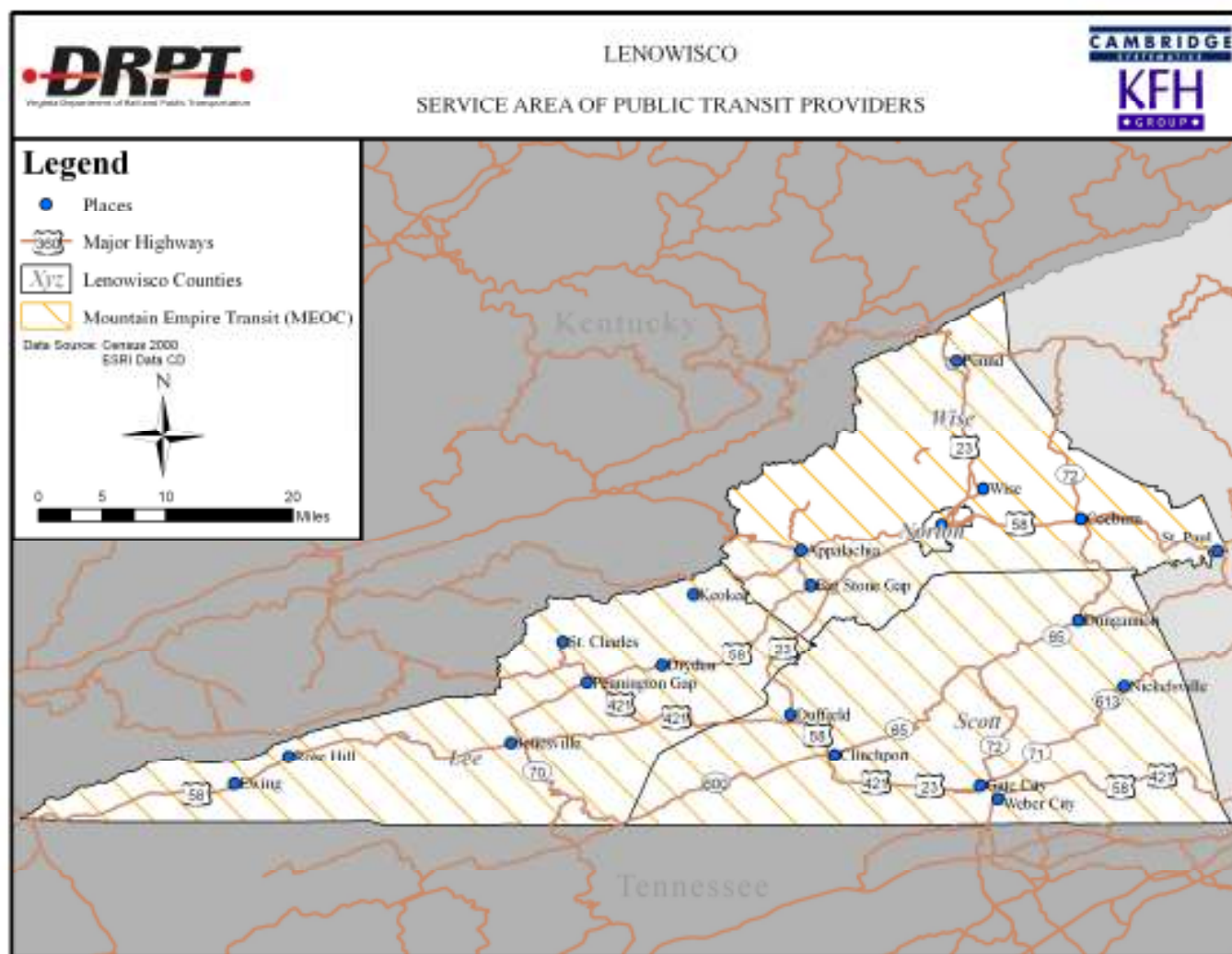
Table 3 highlights the identified public transit and Medicaid transportation providers in the region:

Table 3. Inventory of Available Services

Agency/ Provider	(1) Client Type	(2) # of Vehicles	(3) Trip Characteristics (Times, Destinations, etc.)	(4) # of Trips
a) Mountain Empire Transit (MEOC)	General public, Medicaid transportation provider, and program related transportation services with Frontier Health, Developmental Services, the Veteran's Administration, and UMWA	45 buses (all accessible), also provides maintenance of agency-wide vehicles and for the Center for Independent Living	Demand-response, 7:00 AM – 5:00 PM, fare \$0.75 youth/elderly and \$1.50 per boarding for all others	110,000 in FY06
b) LogistiCare (serves entire state of VA through 7 regions)	Broker for non-emergency transportation for Medicaid; Only transports eligible Medicaid recipients and some Medicare		Reservations 24/7 by call center;	60,000 trips per week statewide

Figure 10 portrays the service area of the public transit providers in PDC 1. MEOC Transit is the only provider that serves the general public. Both MEOC and LogistiCare provide service throughout the entire PDC.

Figure 10. Service Area of Public Transit Providers



More detailed information regarding these providers can be found at their websites:

MEOC Transit: <http://www.meoc.org/Transportation.htm>

LogistiCare: <http://www.logisticare.com/>

Private Transportation Providers

In addition, the following private transportation providers that provide service in the region were identified:

- Barnette's Cab, Big Stone Gap and Wise County, VA
- Beacon of Life, Duffield, Norton, and St. Paul; and Lee, Scott, and Wise Counties, VA
- Coeburn Taxi, Coeburn and Wise County, VA
- Donna's Taxi, Pound, VA
- Emergystat Ambulance, Norton and Lee, Scott, and Wise Counties, VA
- J&B Taxi, Lee and Scott Counties, VA
- Southwest Taxi, Coeburn and Scott and Wise Counties, VA
- Tri County Cab, Coeburn and Scott and Wise Counties, VA
- Yellow Top Cab, Norton, VA

VII. Assessment of Unmet Transportation Needs and Gaps

An important step in completing this plan included the identification of unmet transportation needs or service gaps. In addition to analyses based on demographics and potential destinations, local providers and key stakeholders provided input on the PDC's needs and gaps. This in-depth needs assessment provided the basis for recognizing where and how service for the region needs to be improved. In some cases, maintaining and protecting existing services was identified as a need.

At the Wytheville workshop, representatives from PDC 1 provided input on specific unmet transportation needs in the region. The input focused on the targeted population groups for the Section 5310, JARC, and New Freedom Programs (older adults, people with disabilities, and people with lower incomes). The discussion also highlighted specific need characteristics, including trip purpose, time, place/destination, information/outreach, and travel training/orientation.

The participants expressed a number of specific, prevailing needs and issues:

- Lack of Availability – More extensive service in the evenings, weekends, and additional medical trips for those who are not Medicaid eligible.
- Lack of Awareness of Available Services – Better information about transit services and programs, and how to access transit or paratransit programs.
- Affordability – Cost of transportation (both for public transportation and social service agency operated services).

The vast majority of needs identified were described as “cross-cutting” – a need of all three population groups. Unless otherwise noted, each identified need was cross-cutting:

Trip Purpose

- Local and long-distance transportation for non-emergency medical trips for people not eligible for Medicaid.
- Expanded access to specialized services, i.e. one-on-one trips and door-through-door assistance.

- Rideshare options and vanpools to enable people with low incomes to access employment opportunities.

Time

- Expanded transportation options on evenings and weekends.
- Expanded same-day transportation service for people with disabilities.

Place/Destination

- Transportation to clinics and regional medical facilities in Johnson City, Roanoke, Bristol, and Charlottesville.
- Expanded public transportation out of the region.
- Expanded inter-system connections to access more destinations in the region.
- Transportation to places of worship.

Information/Outreach

- Mobility manager to contact various agencies, providers, and customers, especially to coordinate occasional weekend/evening service or service to special events.
- Information to taxi companies about funding, leasing, and coordinating opportunities.
- Branding to let customers know services are open to the public, i.e., routes that serve community college.
- Coordinated marketing of services.
- Greater education for elected officials on community transportation benefits and need for local funding to support services.

Travel Training/Orientation

- Train groups to ride public transportation to expand people riding public transportation.
- Have an attendant or aide on vehicle as needed.

Other

- Expanded access to accessible vehicles.
- Reduced restrictions on use of State funds for transportation.
- Designated regional coordinator for transportation; State level funding source to support this service.
- Expanded taxi service, especially accessible taxi service, by exploring partnerships between private taxi companies and local transportation providers; and by examining state regulatory barriers such as insurance.
- Funding to expand or establish volunteer driver programs.
- Expanded local match money for Federal and State funding.
- Continuous and reliable source of funding if locality does not have funds.
- Exploration of opportunities to use other funding sources for matching requirement.
- Reduced local match for operating funding.
- Greater human service or public health focus on infrastructure, including accessibility improvements (i.e., build and maintain sidewalks) and bus shelters (i.e. at medical facilities).
- Expanded multi-modal options in a rural context, i.e., bike racks on transit and accessible infrastructure.

The MERTAC Mobility Vision also includes additional information on service gaps in the region. See Appendix A for details.

VIII. Identified Strategies

Coupled with the need to identify service gaps is the need to identify corresponding strategies intended to address service deficiencies. Based on the assessment of demographics and potential destinations, and especially the unmet transportation needs obtained from key local stakeholders in the region, a preliminary list of strategies was generated. These "strategies" differ from specific projects in that they may not be fully defined – projects would require an agency sponsor, specific expenditures, etc. The strategies were then presented at the second workshop for input and ownership. The workshop participants determined that all of the proposed strategies were important to the region, therefore no proposed strategy was eliminated. Ultimately, the 11 strategies listed below were endorsed by the workshop participants.

-
1. Continue to support capital needs of coordinated human service/public transportation providers.
 2. Expand availability of demand-response service and specialized transportation services to provide additional trips for older adults, people with disabilities, and people with lower incomes.
 3. Build coordination among existing public transportation and human service transportation providers.
 4. Provide targeted shuttle services to access employment opportunities.
 5. Establish a ride-sharing program for long-distance medical transportation.
 6. Expand outreach and information on available transportation options in the region, including establishment of a central point of access.
 7. Implement new public transportation services or operate existing public transit services on a more frequent basis.
 8. Provide flexible transportation options and more specialized transportation services or one-to-one services through the use of volunteers.

9. Expand access to taxi and other private transportation operators.
 10. Establish or expand programs that train customers, human service agency staff, medical facility personnel, and others in the use and availability of transportation services.
 11. Bring new funding partners to public transit/human service transportation.
-

IX. Priorities for Implementation and Potential Projects

Identification of priorities for implementation was based on feasibility for implementing the specific strategies. All of the strategies discussed during the second workshop that are eligible for funding from Section 5310, 5316, or 5317 programs are considered priorities. Based on this process, 11 specific strategies to meet these needs in PDC 1 were identified (as noted in Section VIII) as the priorities and included in the region's CHSM Plan.

These strategies are detailed in this section to include the multiple unmet transportation needs or issues each addresses, potential projects that correspond to each strategy, and potential funding sources through the three programs that require this coordinated plan.

While potential projects that could be implemented to fulfill these strategies are included, please note that this list is not comprehensive and other projects that meet the strategy would also be considered.

Strategy: Continue to support capital needs of coordinated human service/public transportation providers.

To implement strategies to expand mobility options for older adults, people with disabilities, and people with lower incomes in the region, maintaining and building upon the current capital infrastructure is crucial to the community transportation network. Consistent with the sustainability policy goal outlined in the MERTAC Mobility Vision, this strategy would involve appropriate vehicle replacement, vehicle rehabilitation, vehicle equipment improvements, and acquisition of new vehicles to support development of a coordinated transportation system.

Unmet Need/Issue Strategy Will Address:

- Maintain existing transportation services and available mobility options for older adults, people with disabilities, and people with lower incomes.

Potential Funding Sources:

- Section 5310
- New Freedom
- JARC

Potential Projects:

- Capital expenses to support the provision of transportation services to meet the special needs of older adults, people with disabilities, and people with lower incomes.
- Capital needs to support new mobility management and coordination programs among public transportation providers and human service agencies providing transportation.

Strategy: Expand availability of demand-response service and specialized transportation services to provide additional trips for older adults, people with disabilities, and people with lower incomes.

The expansion of current demand-response and specialized transportation services operated in the region is a logical strategy for improving mobility for older adults, people with disabilities, and people with lower incomes. This strategy would meet multiple unmet needs and issues while taking advantage of existing organizational structures, and is consistent with the MERTAC Mobility Vision objective for improving mobility in the region. Operating costs -- driver salaries, fuel, vehicle maintenance, etc. -- would be the primary expense for expanding services, though additional vehicles may be necessary for providing same-day transportation services or serving larger geographic areas.

Unmet Needs/Issues Strategy Will Address:

- Expanded transportation options on evenings and weekends.
- Expanded same-day transportation service for people with disabilities.
- Expanded public transportation out of the region.
- Transportation to places of worship.

Potential Funding Sources:

- New Freedom
- JARC
- Section 5310
- Section 5311/ Section 5311 (f)

Potential Projects:

- Expand current demand-response system to serve additional trips (within same hours of operation/service).
- Expand hours and days of current demand-response system to meet additional service needs.

Strategy: Build coordination among existing public transportation and human service transportation providers.

While services in the region are well coordinated through MEOC Transit, there are opportunities to build upon these successful efforts and improve connections between providers, and expand access both within and outside the region. A mobility management strategy can be employed that provides the support and resources to explore these possibilities and put into action the necessary follow-up activities.

Unmet Needs/Issues Strategy Will Address:

- Expanded inter-system connections to access more destinations in region.
- Mobility manager to contact various agencies, providers, customers, especially to coordinate occasional weekend/evening service or service to special events.
- Expanded access to accessible vehicles.
- Designated regional coordinator for transportation.

Potential Funding Sources:

- New Freedom
- JARC
- Section 5310
- Section 5311/Section 5311 (f)

Potential Projects:

- Mobility manager to facilitate cooperation between transportation providers:
 - Helping establish inter-agency agreements for connecting services or sharing rides.
 - Arranging trips for customers as needed.
 - Exploring technologies that simplify access to information on services.
- Implement voucher program through which human service agencies are reimbursed for trips provided for another agency based on pre-determined rates or contractual arrangements.

Strategy: Provide targeted shuttle services to access employment opportunities.

Limited transportation services to access employment opportunities could be addressed through the implementation of shuttle services designed around concentrated job centers. These concentrated job opportunities provide central employment destinations that could potentially be served via targeted shuttle services. Locating a critical mass of workers is the key for this strategy to be effective. This strategy may also provide a mechanism for employer partnerships.

Unmet Needs/Issues Strategy Will Address:

- Rideshare options and vanpools to enable people with low incomes to access employment opportunities.
- Expanded transportation options on evenings and weekends.

Potential Funding Sources:

- JARC

Potential Projects:

- Operating assistance to fund specifically-defined, targeted shuttle services.
- Capital assistance to purchase vehicles to provide targeted shuttle services.

Strategy: Establish a ride-sharing program for long-distance medical transportation.

This strategy would use this commuter-oriented model as a basis for developing a ride-sharing program for long distance medical trips. A database of potential drivers and riders could be kept with a central “mobility manager,” who would match the trip needs with the available participating drivers. The riders would share the expenses with the drivers on a per-mile basis (i.e. similar to mileage reimbursement). This strategy could be a cost-effective way to provide long-distance medical trips without sending a human service or public transit vehicle out of the region for a day. This strategy could be implemented in conjunction with a broader mobility management program.

Unmet Needs/Issues Strategy Will Address:

- Local and long-distance transportation for non-emergency medical trips for people not eligible for Medicaid.
- Transportation to clinics and regional medical facilities in Johnson City, Roanoke, Bristol, Charlottesville, and Winston-Salem.
- Expanded public transportation out of the region.

Potential Funding Sources:

- New Freedom
- Section 5311/Section 5311(f)

Potential Projects:

- Development of a ride-share matching database that could be used to effectively match potential drivers with people who need rides.
- Development of volunteer driver program to provide long distance medical trips.
- Funding of new inter-regional routes or connecting services to link with the national network of intercity bus services.

Strategy: Expand outreach and information on available transportation options in the region, including establishment of a centralized point of access.

A greater emphasis can be placed not just on the coordination of actual services, but also on outreach and information sharing to ensure people with limited mobility are aware of the transportation services available to them. As noted in the MERTAC Mobility Vision, a goal is to achieve a "One-Call, 24/7 Regional Transportation System." This goal presents an opportunity for a mobility manager project whose activities could include the promotion of available transportation services.

Unmet Needs/Issues Strategy Will Address:

- Branding to let customers know services are open to the public, i.e., routes that serve community college.
- Coordinated marketing of services.
- Greater education for elected officials on community transportation benefits and need for local funding support.

Potential Funding Sources:

- New Freedom
- JARC

Potential Projects:

- Mobility manager to facilitate access to transportation services and serve as information clearing-house on available public transit and human services transportation in region.
- Implement new or expand outreach programs that provide customers and human service agency staff with training and assistance in use of current transportation services.
- Implement mentor/advocate program to connect current riders with potential customers for training in use of services.

Strategy: Implement new public transportation services or operate existing public transit services on a more frequent basis.

The service hours for public transit in PDC 1, as noted in Section VI, are limited. New or expanded services in the evenings and weekends should be considered to expand mobility options in the region, especially to work locations. In addition, services that allow access to key destinations outside the region were identified by workshop participants as an important need.

Unmet Needs/Issues Strategy Will Address:

- Expanded transportation options on evenings and weekends.
- Expanded public transportation out of the region.

Potential Funding Sources:

- JARC
- Section 5310
- New Freedom
- Section 5307
- Section 5311/Section 5311(f)

Potential Projects:

- Increase frequency of public transit services as possible.
- Convert demand-response services to fixed schedule or fixed-route services as possible.

Strategy: Provide flexible transportation options and more specialized or one-to-one services, including use of volunteers.

A variety of transportation services are needed to meet the mobility needs of older adults, people with disabilities, and people with lower incomes in the region. Customers may need more specialized services beyond those typically provided through general public transit services, and the rural nature of the region is often not conducive for shared ride services. Therefore, the use of volunteers may offer transportation options that are difficult to provide through public transit and human service agency transportation. Volunteers can also provide a more personal and one-to-one transportation service for customers who may require additional assistance.

Unmet Needs/Issues Strategy Will Address:

- Expanded access to specialized services, i.e. one-on-one trips and door-through-door assistance.
- Funding to expand or establish volunteer driver programs.
- Have an attendant or aide on vehicle as needed.

Potential Funding Sources:

- New Freedom

Potential Projects:

- Implement new or expanded volunteer driver program to meet specific geographic, trip purpose, or time frame needs.
- Implement escort/aide program for customers who may need additional assistance to travel.

Strategy: Expand access to taxi and other private transportation operators.

Several taxi services and private transportation providers serve the region, as noted in Section VI. For evenings and weekends and for same-day transportation needs, these services may be the best options for area residents; albeit one that is more costly to use. By subsidizing user costs, possibly through a voucher program, there can be expanded access to taxis and other private transportation services. This approach has been employed successfully in other rural areas of the country, particularly as a means to provide people with disabilities with more flexible transportation services.

Unmet Needs/Issues Strategy Will Address:

- Information to taxi companies about funding/leasing/coordinating opportunities.
- Expanded taxi service, especially accessible taxi service, by exploring partnerships between private taxi companies and local transportation providers, and examining state regulatory barriers such as insurance.

Potential Funding Sources:

- New Freedom

Potential Projects:

- Implement voucher program to subsidize rides for taxi trips or trips provided by private operators.

Strategy: Establish or expand programs that train customers, human service agency staff, medical facility personnel, and others in the use and availability of transportation services

In addition to expanding transportation options in the region, it is important that customers, as well as caseworkers, agency staff, and medical facility personnel that work with older adults, people with disabilities, and people with low incomes, are familiar with available transportation services. Efforts can include travel training programs to help individuals use public transit services, and outreach programs to ensure people helping others with their transportation issues are aware of mobility options in the region. In addition, the demand for transportation services to dialysis treatment facilities necessitates the need for a strong dialogue between transportation providers and dialysis locations so that treatment openings and available transportation are considered simultaneously.

Unmet Needs/Issues Strategy Will Address:

- Train groups to ride public transportation to expand people riding public transportation.
- Have an attendant or aide on vehicle as needed.

Potential Funding Sources:

- New Freedom
- JARC

Potential Projects:

- Implement new or expand outreach programs that provide customers and human service agency staff with training and assistance in use of current transportation services.
- Implement mentor/advocate program to connect current riders with potential customers for training in use of services.

Strategy: Bring new funding partners to public transit/human service transportation.

The demand for public transit-human service transportation is growing daily. One of the key obstacles the industry faces is how to pay for additional service. This strategy would meet multiple unmet needs and issues by tackling non-traditional sources of funding. Hospitals, supermarkets, and retailers who want the business of the region's riders may be willing to pay for part of the cost of transporting those riders to their sites. This approach is applicable to both medical and retail establishments already served, as well as new businesses.

Unmet Needs/Issues Strategy Will Address:

- Expanded local match money for federal and state funding.
- Exploration of opportunities to use other funding sources for matching requirement.

Potential Funding Sources:

- JARC

Potential Projects:

- Employer funding support programs, either directly for services and/or for local share.
- Employer sponsored transit pass programs that allow employees to ride at reduced rates.
- Partnerships with private industry, i.e. retailers and medical centers.
- Partnerships with private providers of transportation, i.e. intercity bus operators and taxi operators.

X. Plan Adoption Process

As noted in Section IV, participants from the regional workshops were involved throughout the planning process, and reviewed and commented on initial drafts that included the assessment of transportation services, assessment of transportation needs and gaps, and proposed strategies and potential projects. Ultimately, these coordinated planning participants formally discussed and agreed upon the identified strategies in this plan. At the third workshop, they provided a more formal endorsement through a Statement of Participation, which is included in Appendix G.

Additionally, each plan will become a section within the PDC's Regional Rural Long Range Plan (RLRP) which is required by the Virginia Department of Transportation (VDOT). The intent is a regional transportation plan in rural areas that complements those in the metropolitan areas of the State. The development and components of each RLRP will include public outreach and recommendation development, as well as public endorsement and regional adoption.

XI. Ongoing and Future Arrangements for Plan Updates

In addition to developing this coordinated public transit-human services transportation plan that fulfills the FTA requirements, DRPT will be working with the region on an ongoing structure to serve as the foundation for future coordinated transportation planning efforts.

A logical starting point for these discussions is the Mountain Empire Regional Transportation Advisory Council that was formed in response to the Mountain Empire Older Citizens' grant through the Community Transportation Association of America to conduct the regional transportation project noted earlier in this plan. Stakeholders can be added to this council if needed to ensure appropriate representation from transportation, aging, disability, social service and other organizations in the region, including participants from the first two workshops.

While formal responsibilities and organizational roles will be determined locally, it is anticipated this ongoing structure will:

- Lead updates of the *Coordinated Human Service Mobility Plan* for PDC 1 based on local needs (but at the minimum FTA required cycle).
- Provide input and assist public transit and human service transportation providers in establishing priorities with regard to community transportation services.
- Review and discuss coordination strategies in the region and provide recommendations for potential improvements to help expand mobility options in the region.
- Provide input on applications for funding through the Section 5310, JARC, and New Freedom competitive selection process.

Appendix A – MERTAC Regional Mobility Plan



MOBILITY VISION

C/O MEOC Transit
P.O. Box 888
Big Stone Gap, Virginia 24219
<http://www.meoc.org/mertac.htm>
523-RIDE or 888-877-6748
Cindy Robinette

Executive Summary

On August 10, 2005, the President signed the *Safe, Accountable, Flexible, Efficient Transportation Equity Act: A Legacy for Users* (SAFETEA-LU). SAFETEA-LU. This Act requires the establishment of a locally developed, coordinated public transit / human services transportation plan for all Federal Transit Administration (FTA) human service transportation programs: Section 5310 Elderly Individuals and Individuals with Disabilities Program; Section 5316 Job Access and Reverse Commute (JARC) Program and Section 5317 New Freedom Program.

Mountain Empire Older Citizens, Inc. submitted a proposal for funding from the Community Transportation Association of America (CTAA) to conduct a regional transportation-planning project, which was approved. The Mountain Empire Regional Transportation Advisory Council (MERTAC) was formed, and continues as a voluntary association of Public Transit, Human Service Agencies and various interested people and organizations, including invited representatives of local government, whose purposes are to plan for the coordination of people transportation activities and to develop a comprehensive regional mobility plan (RMP) for people. (See appendices for listing of MERTAC members.)

Road construction, maintenance, railroad freight operations and similar activities within the traditional purview of the Department of Transportation, as well as Zoning and Land Use Planning within the purview of local governments, are not within the scope of the Regional mobility plan development and will not be a part of the final Plan. Those functions remain with their existing agencies and are not affected by MERTAC, this RMP or these planning provisions of SAFETEA-LU pertaining to public transit and human service transportation programs.

Other than the initial CTAA Grant to develop the RMP, **there is no funding dedicated to MERTAC from any source, nor is any required, and no new funding is requested** from any source to implement the Regional Mobility Plan. While many agencies are mentioned in the RMP, the RMP is a product of the Transportation Advisory Council and reflects their collective vision, not necessarily the vision of any particular agency. **Support of the RMP and the principles and vision within does not obligate any agency or person to provide funds or resources.**

The RMP is not required to be adopted by any governing body, however, consideration and endorsement of the plan is desired if the governing body has no objections to the goals stated herein.

In order for progress in any endeavor to be achieved, there must be a “vision” or a plan of action developed to create the steps to achieve the desired outcomes. Realizing that “visions” often take several years to ultimately reach fruition, the Mountain Empire Regional Transportation Advisory Committee presents its vision of the future developments needed to provide transportation services to people who are transportation dependent/disadvantaged and to those who would choose to utilize public transportation within the LENOWISCO region. Generally, a region should be no larger than a planning district.

MERTAC collected existing information from agencies serving seniors, persons with disabilities, low-income families; from educational institutions and from the U.S. Census Bureau. A survey of transportation-disadvantaged persons and selected employers and their employees was conducted through proxy, mail, Internet and face-to-face interviews. The survey results were provided to MERTAC as part of its deliberation process and are included herein.

The Transportation Advisory Council listed seven policy goals that would guide any activities undertaken in support of this Regional Mobility Plan. These goals are:

Mobility
Accessibility
Reliability
Efficiency
Economy
Equity
Sustainability

Recognizing that resources are limited, MERTAC defined the core transportation needs upon which the RMP should focus. These are:

- ✓ **Community activities** (public events of general interest, parades, historical reenactments, charitable events, public meetings, public worship services, etc.)
- ✓ **On-going needs and services** (bill paying, grocery shopping, nutritional needs, general shopping, Medicaid and non-Medicaid Medical visits and Pharmacy Prescription refill visits, etc.)
- ✓ **Recreation** (movies, theatre, physical fitness, quality of life activities, etc.)
- ✓ **Employment and Post-Secondary Education** (commute to work at service and retail business, service to industrial parks, transportation to Adult Education, Community College and University Education Centers, Workforce Investment Act Service Centers, etc.)

MERTAC then developed long-range goals and short range plans to meet the overall goal of a transportation system that operates twenty-four hours per day, seven days per week and functions as a truly Coordinated Health and Human Services Transportation and Public Transit System for the region.

While all goals are considered interrelated and important, long-range goals can be summarized as:

- ✓ A “One-Call” 24-7 Regional Transportation Center for and within Planning District 1- a central contact point for all people transportation needs
- ✓ Filling the funding gaps in existing transportation programs. (See Florida Model in the Appendices.)
- ✓ Maintain and enhance mobility through increasing trips for access to CORE services, support new start-ups and expansion of existing transportation providers
- ✓ Support coordination of referral services and Mobility Managers to assist Consumers
- ✓ Encourage monitoring of provider performance and new technologies like real time vehicle locator services
- ✓ Provide relevant training to providers, consumers and the public at large
- ✓ Support regional employers and workers with employment related transportation
- ✓ Support freedom of choice among consumers for transportation providers and consistent and equitable treatment of trip requests from consumers
- ✓ Support the creation of a self-sustaining and economically efficient transportation system to serve the LENOWISCO region

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MERTAC Background

On August 10, 2005, the President signed the *Safe, Accountable, Flexible, Efficient Transportation Equity Act: A Legacy for Users* (SAFETEA-LU). SAFETEA-LU. This Act requires the establishment of a locally developed, coordinated public transit / human services transportation plan for all Federal Transit Administration (FTA) human service transportation programs: Section 5310 Elderly Individuals and Individuals with Disabilities Program; Section 5316 Job Access and Reverse Commute (JARC) Program and Section 5317 New Freedom Program. Planning requirements become mandatory in FY 2007 as a condition of Federal assistance under these programs. JARC planning requirements existed previously and, accordingly, are effective immediately. It is probable that in future years that this requirement may be applied to other public transit and human service people transportation programs, but this is not a certainty.

Since Mountain Empire Older Citizens, Inc. (MEOC), submitted the proposal to Community Transportation Association of America (CTAA) for funding to conduct a regional transportation-planning project, it was logical that MEOC become the lead agency in developing and coordinating the planning process. Established in 1974, Mountain Empire Older Citizens, Inc. is a 501(c)(3) organization with a Board of Directors and eight active Advisory Councils. MEOC serves the region as its Public Transportation Agency, Area Agency on Aging and Children's Advocacy Center and provides close to 40 different services to people of all ages in the region. For more information on MEOC, visit its web site at <http://www.meoc.org>.

After obtaining the planning grant, Mountain Empire Older Citizens, Inc. first created Mountain Empire Regional Transportation Advisory Council (MERTAC), a voluntary association of various interested people and organizations in the community. The purposes of MERTAC continue to be to develop a plan for the coordination of people transportation activities among the various service providers in the area and to develop a comprehensive regional mobility plan (RMP) to enhance the mobility of area residents. Other than the initial CTAA Grant to develop the RMP, there is no funding dedicated to MERTAC from any source, nor is any required.

Road construction, maintenance, railroad freight operations and similar activities within the traditional purview of the Department of Transportation are not within the scope of MERTAC nor the resulting RMP. Those functions remain with their existing agencies and are not affected by MERTAC or the planning provisions of SAFETEA-LU.

Organizations agreeing to serve on the MERTAC are listed in the appendices.

MERTAC Mobility Vision

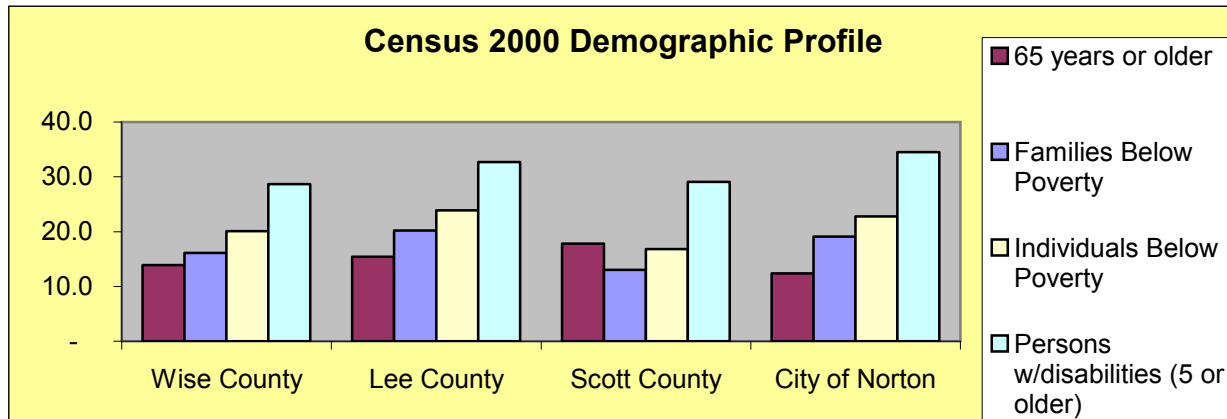
In order for progress in any endeavor to be made, there must be a “vision” or a plan of action developed to create the steps to achieve the desired outcomes. Realizing that a “vision” often take several years to ultimately reach fruition, Mountain Empire Regional Transportation Advisory Committee presents its vision of the future developments needed to provide transportation services to people who are transportation dependent/disadvantaged and those who would choose to utilize public transportation within the LENOWISCO region of Lee, Wise, Scott Counties and the City of Norton.

MERTAC’s Regional Mobility Plan (RMP) is the blueprint to provide transportation to diverse groups of people in our area who share transportation difficulties. While SAFETEA-LU mandates planning and coordination between certain human service and public transit programs, MERTAC is interested in transportation solutions for all people within the region who experience transportation problems. The long-term goal is to use the pooled resources of the stakeholders (as allowed by statute and regulation) contributed on a voluntary basis among the public and private sectors and the local community to provide an Intra-Regional Coordinated Transportation System that is able to provide transportation services to any citizen requesting a ride. The overarching goal would be to provide that service utilizing the most efficient means possible and that the requesting citizen would accomplish their objective by making one call to a coordinated system. One contact for many or all transportation needs is the ideal.

This one-call, coordinated system was selected by the Transportation Advisory Committee (TAC) as the most efficient way to meet an increasing level of need with the limited resources available while also utilizing existing knowledge, skills and resources to the greatest advantage. The Plan’s vision for on-demand Intra-Regional Transportation reflects these facts:

- ❑ 14.9% of the area’s population is over the age of 65 and this segment is expected to swell to nearly 30% of the region’s population by 2020
- ❑ 19% of the region’s families are below poverty level and 21% of Individuals are below poverty level
- ❑ 31.3% of the total population over five is disabled.

Historically, these populations experience the greatest difficulties in obtaining transportation since they tend to be the least able to safely and/or financially use personal automobiles for regular transportation, albeit for differing reasons within each group. This collection of subgroups is often referenced generically as the Transportation Disadvantaged.



Source: 2000 Census, US Census Bureau

The RMP will have a special focus on serving the transportation disadvantaged consisting of persons with disabilities; elderly and low-income families; those who do not have access to a personal automobile; those who are unable to safely operate an auto; and those who cannot afford to operate an automobile. Opportunities for educational and employment related transportation, while not abundant in our rural, low population density region, will also be pursued to the extent possible by Public Transit and are included as well in this plan.

MEOC, as the Area Agency on Aging and the Public Transit provider, will support programs designed to assist senior citizens and others with improving driving safety.

Methodology and Data Sources

Agencies Existing Data

MERTAC members include most of the human service agencies and the one public transit provider for the region. As such, these agencies were already in possession of data relating to their own client population, which they shared with MERTAC. The Public Transit agency, also the Area Agency on Aging, had existing data on seniors, as well as current and historical Public Transit Ridership, which was provided to MERTAC.

Census Data

Data from the 1999 and 2000 Census, as well as updated and projected data, was obtained from the Census Bureau's web site at <http://www.census.gov>, the Weldon Cooper Center for Public Service at the University of Virginia at Charlottesville web site, <http://www.coopercenter.org> and other public sources.

"Region" Defined

For purposes of this plan, "region" is defined as the area encompassed by a single planning district of the Commonwealth. Much of the regional (i.e. multi-jurisdictional) economic, infrastructure improvements and other cooperative activities within the Commonwealth have a long history of being conducted at this level for the sound reason that is a manageable size while enabling economies of scale, but remaining small enough that the local understanding of conditions and feasibilities is not lost.

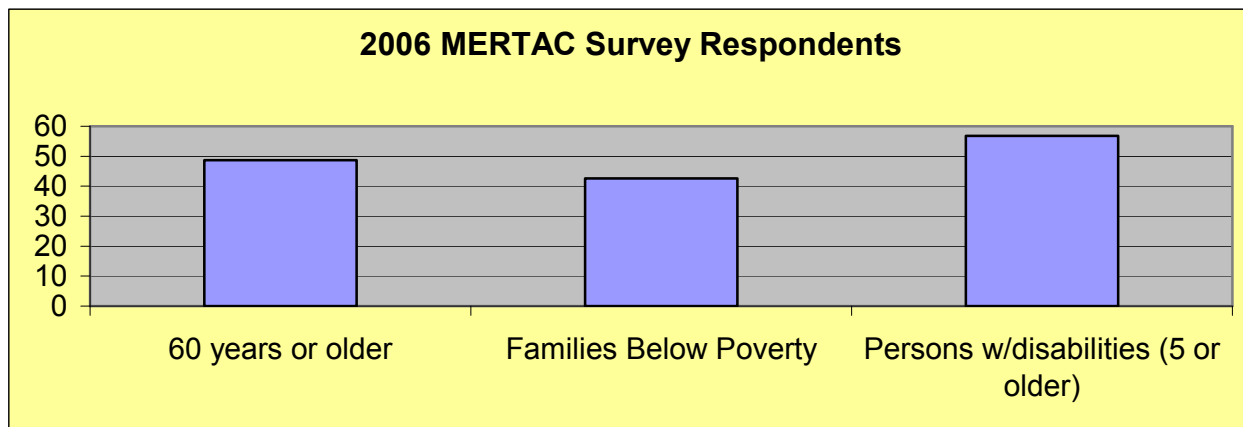
Regional Transportation Disadvantaged Survey

As part of this assessment, MERTAC began disseminating its “Regional Transportation Survey” throughout the LENOWISCO Planning District on May 3, 2006. Public information detailing the launch of the regional survey was released to all area media, posted on MEOC’s web site, publicized through the TAC member organizations and posted in The **Mountain Empire News**. The survey was first scheduled to be completed on July 17, 2006, but return of the survey was extended until August 1, 2006, due to the large surveyor response and interest.

Eleven hundred and fifty-five surveys (1155) were completed through mail, Internet, and face-to-face “intercept” contacts. Surveys were also mailed out to several categories of MEOC Transit riders, including Senior Citizens, Cash Paying General Public Riders, Monthly Invoice General Public Riders, and Riders with Disabilities. The survey results indicated that:

- ❑ 48.7% of respondents were over the age of 60
- ❑ 42.6% were below poverty level and
- ❑ 56.8% were disabled.

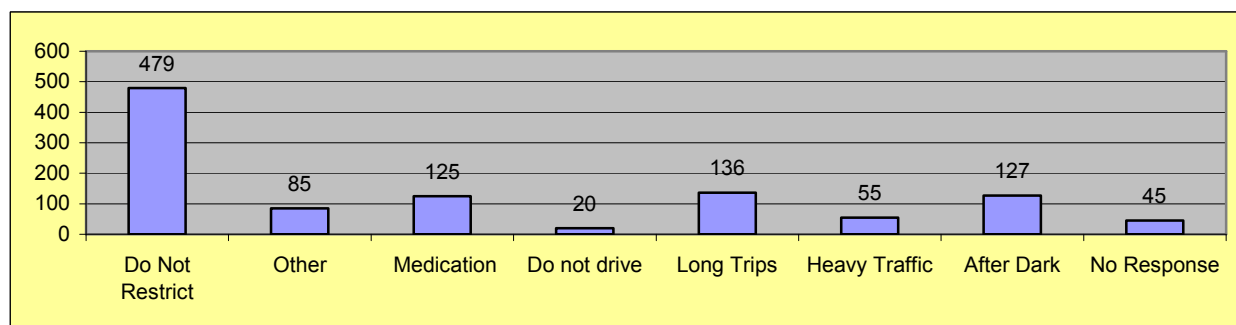
Note: Totals exceed 100% as some respondents were in multiple categories.



Additional information from the 1,155 surveys collected showed that:

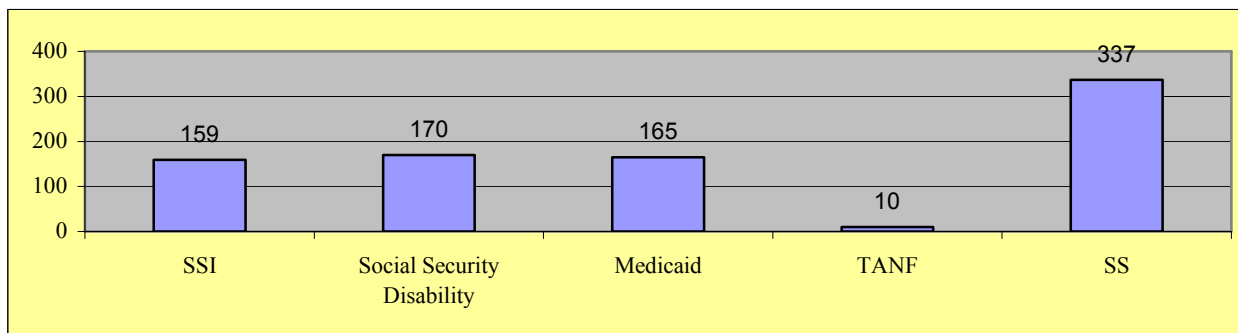
- ❑ 49.8% of respondents voluntarily restrict their driving

The series titled “Other” included short-term memory, doctor’s restriction, bad eyesight or blindness, cannot afford vehicle, age, and health.



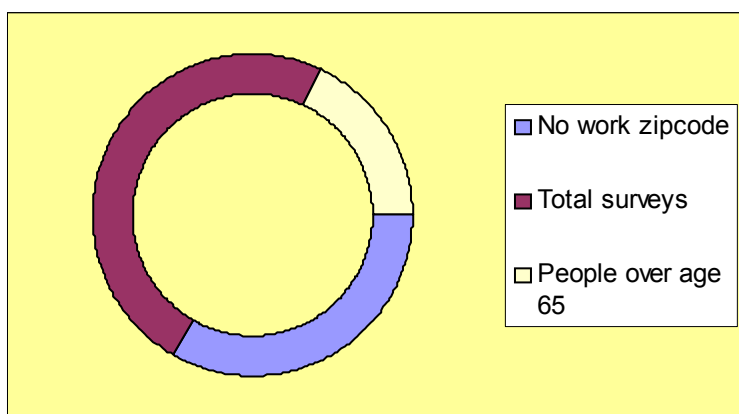
Note: Totals exceed 100% as some respondents were in multiple categories.

- 73.3% receive some type of federal assistance, either SSI, Social Security Disability, Medicaid, TANF or Social Security



Note: Totals exceed 100% as some respondents were in multiple categories.

- 51.3% of survey respondents listed no “work zip code”. Since such a large number of respondents were elderly or disabled, this not necessarily an indication of unemployment.



Many Participants offered Personal Responses to the Survey and many of these are included in the Appendices.

General Conclusions of the Transportation Disadvantaged

The data indicates that senior citizens, people with disabilities and people at and below the poverty level all perceive that there is a considerable lack of affordable transportation choices and availability in the region.

While Medicaid Transportation can meet some of the basic needs for travel to routine and urgent medical appointments for individuals who are medically indigent or disabled, it does not provide transportation for grocery shopping, paying bills, or even the most basic of recreational activities—simply getting out of the house and enjoying a walk in the park. Medicare only provides emergency ambulance transportation for senior citizens, making no provision for non-emergency transportation—not even the trip home after discharge from the hospital.

Transportation provided by human service programs—such as Aging, Mental Health, Mental Retardation, Centers for Independent Living, and so forth—are usually limited by available funding and required first priorities for federally mandated services required under these programs. These conditions leave very little, if any, funding for non-programmatic activities.

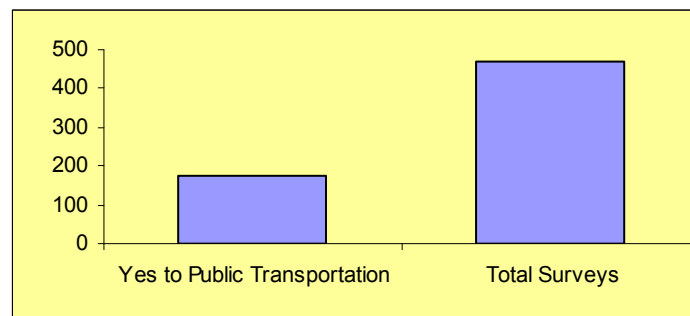
Public Transit within the region is provided by the Area Agency on Aging, Mountain Empire Older Citizens, Inc. MEOC Transit is operated as a Demand Response service and provides the level of service most often required by senior citizens and persons with disabilities, although deviated fixed route, fixed route, and other services have and can be provided as funding is available and if these models are demonstrated to produce ridership..

All of MEOC's buses are open to the public of all ages. MEOC is an enrolled Medicaid Transportation Provider within PSA1 and has contracts with Frontier Health, Developmental Services, the Veteran's Administration the UMWA and other organizations for program related transportation services. MEOC also works under contract with the Medicaid Transportation Broker, LogistiCare, Inc. (LCI), to provide a weekday "Where's My Ride" and "Facility" non-emergency call center service for Medicaid Recipients in PSA1 whose assigned Medicaid Transportation Provider has not arrived on schedule. Through these fee-for-service activities and many other means, MEOC raises much of the fifty percent (50%) local match (around \$400,000 per year) required to provide Public Transit service to the general public.

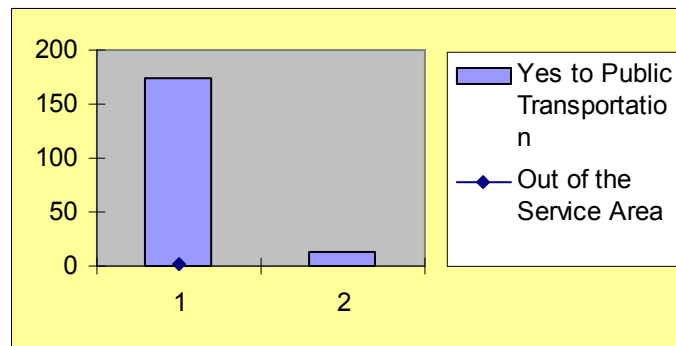
Employer/Employee Transportation Survey

As part of this assessment, MERTAC began administering a distinctly separate “Employer/Employee Transportation Survey” throughout the LENOWISCO Planning District on July 21, 2006. We contacted a sampling of employers likely to have a large number of employees at a single location. It was requested that they distribute surveys to their employees regarding their transportation to and from work. Through this method, MERTAC distributed 2,000 surveys to various employers including hospitals, factories, retail, local governments and educational facilities. The survey was completed August 31, 2006 with 24% of the distributed employee surveys returned. Compilation of this data continued through the end of November. The returned data revealed the following:

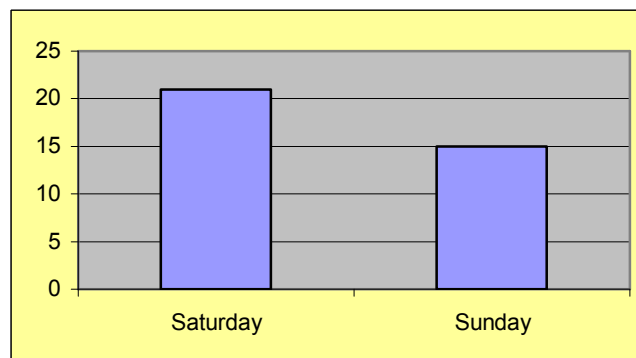
- 37% of employees want public transportation, whether it is door to door or a park and ride service.



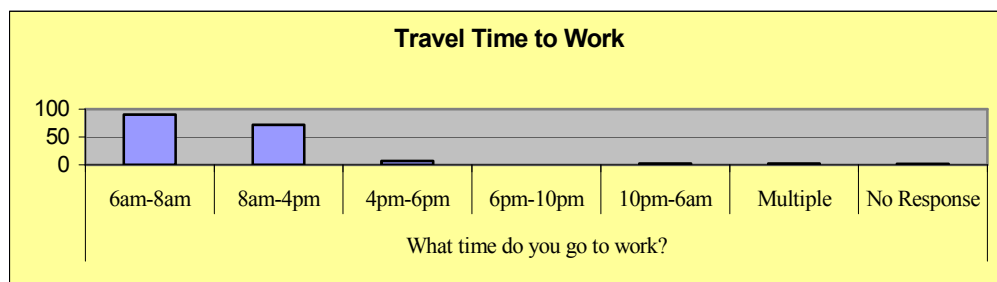
- 87% of the 37% live within our service area



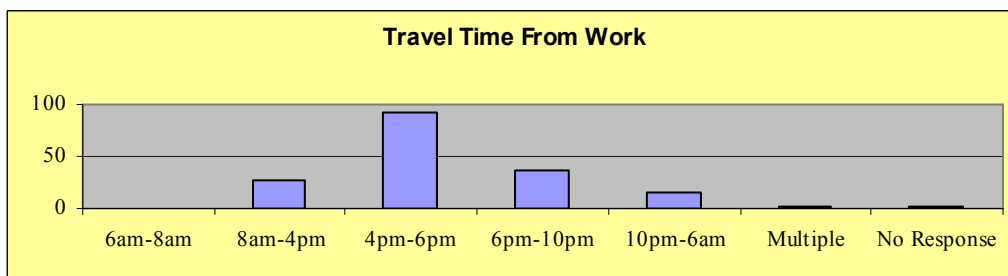
- 13% of employee respondents need weekend transportation



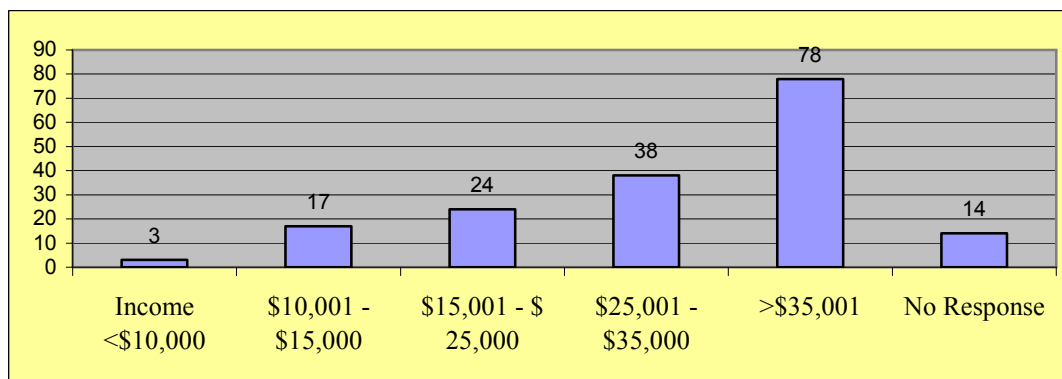
- ❑ 52% of employee respondents need to be transported for work between 6 am – 8 am
- ❑ 42% need transported for work between 8 am – 4 pm



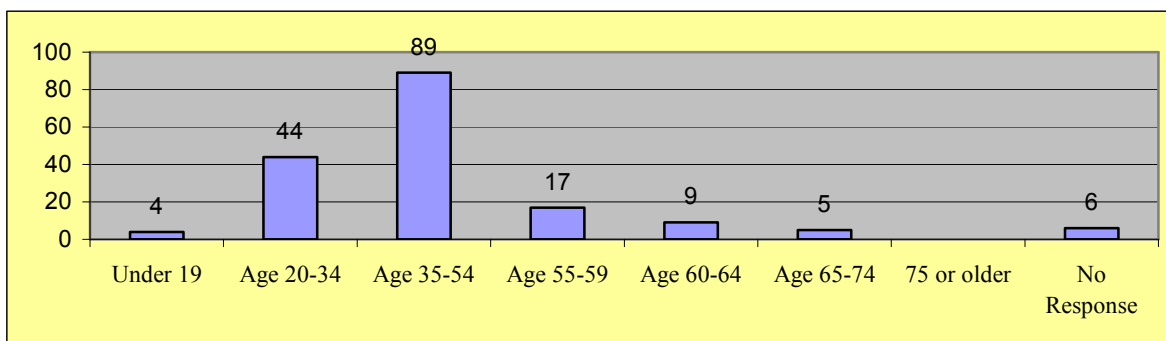
- ❑ 54% of employee respondents need transportation from work between 4 pm – 6 pm
- ❑ 21% need transportation from work between 6 pm – 10 pm, again, something for which there is no funding at this time.



- ❑ 45% of employee respondents wanting transportation are in the over \$35,000 income range
- ❑ 2% wanting transportation are in the under \$10,000 income range



- ❑ 94% of employee respondents wanting transportation are between the ages of 19 and 65
- ❑ 3% of employee respondents wanting transportation are over the age of 65
- ❑ 3% of employee respondents wanting transportation are under the age of 19



General Conclusions Employee Transportation

It would appear from the data that most respondent employees who desire transportation live within PSA 1. The data indicate a small number of people outside our area appear to be traveling here for employment.

From the data above, it appears that most employees desiring public transportation to and from work are in the middle-income bracket and are adult workers. While employers, government or the workers may have some interest in utilizing traditional commuter public transit services, neither is willing to provide the extra cost share to provide this type of transportation. For this reason, the TAC's decision is to continue to focus efforts on serving the more vulnerable and underserved portions of the region's population.

Service And Funding Gaps

Several common themes emerged from the surveys and from discussions among MERTAC members. One theme was: MEOC, as the region's Public Transit provider, should be the leader in identifying gaps in service and planning and implementing ways to fill these gaps. The second theme was: MEOC should take the lead role since there is a wealth of accumulated people transportation knowledge at MEOC that cannot be replicated elsewhere. The third theme is: Transportation partners must work actively in cooperation and collaboration with MEOC and assist with providing and locating funding to address transportation service gaps.

While many of these gaps and barriers in service have related issues in funding and regulation, these items are separated in the chart below for clarity's sake.

Service Gaps

Over the course of the planning process, the TAC identified a number of gaps in service. The Committee then prioritized these to the major areas listed below.

Item	Service Gap	Comment	Related Issues	Priority (1=High)	Key Players	TAC Strategies
SG1	Availability of Service	1) Saturday 2) Saturday After 5:00 p.m. 3) Friday After 5:00 p.m.	1) Taxi Availability 2) Public Transit Availability	1	Local Government; MEOC; Taxi Operators; Small Business Development Centers; Entrepreneurs; Churches; Schools; Civic Groups; Merchants	1) Service Subsidy 2) Ride Subsidy 3) Sliding Scale Fee 4) Set Fee 5) Promote New Taxi Service Start Ups 6) Medicaid Transportation Participation
SG2	Limited Taxi Services Available	1) Western Lee County 2) Scott County-Duffield; Dungannon	1) Medicaid Transportation Providers Participation 2) Rider Side Subsidy	1	Same as SG2 Key Players	1) Same as SG2 TAC Strategies
SG3	Service to Regional Medical Centers	1) Better Service to Kingsport Medical Centers 2) Start Service to Bristol Medical Centers 3) Start Service to Johnson City Medical Centers	1) See SG1 2) See SG2	2	Medical Centers; Participating Programs; MEOC; Local Government; Schools; Churches; Civic Groups	1) Same as SG2 and 2) Contact Medical Centers for Support 3) Use Smaller Vehicles 4) Use Subcontractors 5) Use Volunteers

Barriers

The TAC identified the following barriers operative in PSA 1 that could impact the success of the RMP.

Item	Barrier	Comments	Related Issues	Priority (1=High)	Key Players	TAC Strategies
B1	Public Transit Image	Redesign Bus Image	Advertise that Bus is Available to All	1	MEOC	1) Use Marketing Intern
B2	One Contact Point	1) Talk to Real Person 24/7	1) Shared Resources	1	MEOC; Individual Businesses; Individual Agencies; Individual Consumers	1) Voluntary Participation
B3	Land Use / Zoning/ Development	1) Proximity to CORE service areas affects level and cost of service to these facilities 2) Fixed Route Service Permitted in Zone	1) Future Fixed Route Services 2) Current Demand Response Service to Elderly, H/C and Low Income Housing Location	3	Local Government	1) Local government review of location of new housing and other facilities during the permitting process
B4	Public Transit and Other Regulations (i.e. School Bus, Church, IRS, etc.)	1) All Federal and State Regulations Applying to Public Transit Pass-Through to Subcontractors, like Taxies and Volunteers, with Full Force and Effect Making it Difficult for Them to be Paid from Public Transit Funds	1) Public Transit Provider Must Maintain Regulatory Compliance with Any Service Funded from Public Transit Funds 2) Other Agencies willing to Share Resources, like Vehicles, will still have to comply with their regulations and / or governing bodies.	1	Congress; Federal Transit Administration; Virginia Legislature; Virginia Department of Rail and Public Transportation; Other Governing Bodies	1) Maintain Compliance

Funding Gaps

The TAC identified the following funding gaps that must be addressed in accomplishing the goals of the Regional mobility plan. The Transportation Advisory Committee felt that overall the funding gap presents the greatest obstacle to full realization of the Regional mobility plan. For clarity, this is broken down into discrete components to facilitate analysis and remedial action.

Item	Barrier	Comments	Related Issues	Priority (1=High)	Key Players	TAC Strategies
FG1	Deficit Funding of Public Transit Operations (FTA 5311 Program)	1) Federal Funds Reimburse Up To 50 Cents of Each Operating Dollar Spent, After Deduction of Fares and Certain other Revenues, Leaving 50% of Funds to be Raised Locally 2) State funds help, but cannot be used to fund Driver expenses.	1) Future Federal Funding Levels 2) Level of Service Provided Locally 3) Trips Cannot Be Limited By Purpose 4) Regulations Pass-Thru to Subcontractors (Taxi, etc.) 5) Capital Funding Currently Requires Only 20% Local Match	1	All Non-Federal Potential Sources of Funds; MEOC; All Interested Parties	1) Donations 2) Fund Raisers 3) Charter Service Revenues 4) Special Service Revenues 5) General State Funds 6) Dedicated State Funds 7) General Local Funds 8) Dedicated Local Funds
FG2	Non-Public Transit Funds for Subsidy of Taxi Rides and Volunteer Mileage	1) It May be Possible to Locate Grants that can be used to Subsidize Taxi Rides and Gas Vouchers for Volunteers	1) FTA Regulatory Compliance and Separation of Fund Accounting 2) No Permanent Source of Local Match Funds	1	Everyone	1) See FG1 Strategies 2) Private Foundation Grants TAC Strategies
FG3	Non-Public Transit Funding for Expenses of Shared Resource Use	1) Church Vans or School Buses used in Shared or Pooled Resource Venues will still have to be Insured, Fueled, and Maintained	1) Regulatory Compliance 2) Governing Body Compliance	2	Involved Parties in each Endeavor	1) See FG2 Strategies 2) Involved Parties in Each Endeavor

Funding and Service Models

One funding method that the Federal Transit Administration found noteworthy was the Florida Model. In short, in this model the state of Florida required counties, cities and towns to designate a Transportation Coordinator for its jurisdiction. This could either be a person or an agency. Most jurisdictions decided to cooperate and form multi-county designations of a particular agency. Additionally, the state of Florida added \$1.00 to the cost of a motor vehicle registration (much like Virginia's original \$1 for Life) with proceeds to be distributed to the designated Transportation Coordinators to cover the costs of trips for people who had no

other funding source to cover that cost. For example, if Medicaid or some other agency did not cover the trip costs, these funds were to be used by the Transportation Coordinator for that purpose. See the “**Florida Plan**” Appendix for more information.

To illustrate how important this model has been in Florida, Florida received the 2004 *United We Ride State Leadership Award* from Transportation Secretary Norman Y. Mineta. In the same month, the U.S. Agency for Health Care Administration (AHCA) released its independent assessment showing that this Coordinated Transportation approach **saved the State of Florida \$41.26 million dollars in Medicaid benefits**. Further AHCA analysis showed that in the absence of this Coordinated Transportation system, Florida would have spent an additional \$22.22 million dollars!

Many models have been tried over the years in many places in the US and other countries. However, coordination and cooperation have always played an important role in any successful model concerned primarily with their clients’ safety and well-being. In transporting the elderly, the frail and persons with cognitive and physical disabilities, the for-profit model has usually fallen short of providing adequate care. However, the specific integration of for-profit, non-profit and government in the Florida Model have proven quite successful in serving the needs of the transportation disadvantaged as well as the financial necessity to deliver services in a cost effectively.

In order for the Florida model to be implemented in Virginia, there would have be an increased level of cooperation and coordination at the state level, as well as some specific actions by the Governor and/or General Assembly. One suggested and fairly quick way of promoting a test of this model would be by an Executive Order from the Governor directing all agencies providing transportation and/or that have transportation line items in their budgets to redirect those funds to a locally designated coordinator. The local transportation coordination system would then be directed to provide the consumers trip regardless of the mode (bus, taxi, van, stretcher van, or contract with other private providers).

Coordination and Cooperation

In low population density areas, it is likely that traditional public transit will never be able to meet all transportation needs. Nor is it likely that any single service agency will ever have the funding needed to meet all the needs of its clients, including transportation. This is why the regional service agencies have for many decades coordinated and cooperated with one another to better serve all their respective clients. A good illustration is Mountain Empire Older Citizens, Holston Mental Health (now Frontier Health) and Developmental Services, Inc. that have had informal transportation sharing relationships as far back as the early 1980's. Formal relations among these agencies date to the late 1980's and early 1990's. MEOC has also partnered with numerous other agencies in the region on Transportation, including the Departments of Social Services, Public Housing Authorities, and Mountain Empire Community College. MEOC has partnered twice with the Virginia Department of Medical Assistance Services in Pilot Projects and introduced the Transportation Brokerage Model in Virginia. While all these partnerships demonstrated the success of coordination, funding issues were often both the fuel for the ship and later the shoals upon which it foundered as funding sources and regulations continued to change. However, change is always an opportunity to work together for the benefit of all.

Existing Strengths

The picture for regional people transportation is not all gloomy. The LENWISCO region has many pre-existing strengths to build upon and expand into new areas of opportunity. Using the same method of analysis for consistency, some are listed below.

Item	Strength	Comments	Related Issues	Importance (1=High)	Key Players	TAC Strategies
ES1	Existing Transportation Knowledge and a Track Record of Successful Cooperation	1) MEOC has been providing transportation services in PSA1 for 32 years and just completed a new Transit Operations Facility	1) See Appendices for more information on MEOC and Transportation; Historical Coordination Partners of note: Frontier Health, Developmental Services Inc, Junction Center for Independent Living, Virginia Medicaid	1	MEOC; Partner Agencies; Local Government; Public At Large	1) Utilize MEOC Knowledge and Resources for Technical, Operational and Administrative Support
ES2	Spirit of Cooperation	1) People in our Region are ready and eager to help one another		1	Everyone	1) Reach out to the Community
ES3	New Federal Mandate for Planning	5310, 5311, JARC and New Freedom Programs	1) SAFETEA-LU; 2) Planning should not become a Bureaucratic Process Devoid of Human Contact and Personal Communications	1	Public Transit; Human Service Transportation Providers	1) This Regional mobility plan; 2) The Planning Process

Policy Goals

The Mountain Empire Regional Transportation Advisory Council's Mobility Vision is to achieve a "One-Call", 24-7 Regional Transportation System. This One-Call system shall focus on providing non-emergency transportation to the general public with an emphasis on serving the elderly, disabled and low-income residents of Southwest Virginia. The Vision provides for the coordination of 24-7 Regional Transportation activities, the development of this Regional mobility plan (RMP) and the inclusion of local government support. To accomplish this vision, MERTAC has established these guiding goals and principles.

Seven Policy Goals

At the core of the Regional mobility plan for mobility lie seven policy goals. Policy is the compass by which we set out course. Many specific actions will take place over the next decade or two, but the TAC feels that these seven guiding principles should always be foremost in our minds and be the compass by which we chart our course into the future of people transportation.

Mobility

Sustain and improve the mobility of persons with disabilities, elderly, low-income families, students, other transportation disadvantaged persons and the public at large by assisting them in arranging travel and providing travel to locations where CORE needs can be satisfied and quality of life activities conducted.

Accessibility

To provide a single, widely known contact point or "*Transportation Coordinator*" where Client Transportation, Public Transit and transportation for persons with disabilities and human services is understood, arranged and provided by whatever means are appropriate and available, while maximizing ease of use for Customers and benefits to the public at large.

Reliability

To assure that trip requests are properly processed, appropriately handled, scheduled, and delivered within stated parameters of the involved providers, and to support and encourage formation of reliability standards that are user friendly and relevant

Efficiency

To control and minimize to the extent practical, unit costs of administration and service, support and promote the development and adoption of appropriate on time and other performance measures among participating providers.

Economy

To support transportation initiatives which support economic development and which have positive economic impacts on the employers and employees of the region.

Equity

To promote access to transportation to people with transportation needs as well as to business, employers, agencies, institutions and programs that benefit from having those needs met. Access should be as widely available as funding permits to those within the region regardless of geographic sub-area or demographic group.

Sustainability

To support continued development of a system of coordinated transportation for the region and to support current and new funding sources to fill existing and future fiscal gaps in service.

CORE Transportation Services

The overall conclusion of the Transportation Advisory Committee is that transportation is a vital service to the community, not only to the transportation disadvantaged segments of the population, but to the public at large. The basic services people access through transportation are those that do not lend themselves to “home delivery”, but are very necessary for the continued physical and mental health of the individual and the family.

CORE Needs defined

The TAC has defined the core needs requiring transportation of the individual to where the need can be physically met, especially for the target groups, to be:

- ✓ **Community activities** (public events of general interest, parades, historical reenactments, charitable events, public meetings, public worship services, etc.)
- ✓ **On-going needs and services** (bill paying, grocery shopping, nutritional needs, general shopping, Medicaid and non-Medicaid Medical visits and Pharmacy Prescription refill visits, etc.)
- ✓ **Recreation** (movies, theatre, physical fitness, quality of life activities, etc.)
- ✓ **Employment and post-secondary Education** (commute to work at service and retail business, service to industrial parks, transportation to Adult Education, Community College and University Education centers, Workforce Investment Act Service Centers, etc.)

Measuring The Plan’s Success

Long Range Goals

While all goals are considered interrelated and important, “One-Call” 24-7 Regional Transportation to all geographic areas and demographic groups is considered to be the Plan’s top priority and its long-term goal. Establishing a central contact point for all people transportation needs and filling of the funding gaps in existing transportation programs are most crucial towards this end. (See implementation of the Florida Model above)

The following measures are identified in Table 1 with policy objectives that will help ultimately to achieve the Plan’s seven policy goals: Mobility, Accessibility, Reliability, Efficiency, Economy, Equity and Sustainability. Individual agencies should develop specific short range (one to three year) action plans that support these long-range goals. Agencies that choose to do so are encouraged to share these plans with the TAC.

TABLE 1 – POLICY OBJECTIVES

GOAL	POLICY OBJECTIVES AND SUPPORTING TASKS (The following are not listed in any particular order.)
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A. MOBILITY

1. Sustain Mobility
 - a. MEOC should continue to provide coordinated Human Service Transportation and Public Transit services at the highest level permitted by available funding
 - b. Support the Adoption of Regional mobility plan by local governments
 - c. Maintain intra-regional coordinated transportation progress to date
 - d. Support the development of additional and alternative methods of providing local match funding to maintain existing transportation grants and programs.
2. Improve Mobility
 - a. Reach new riders, including employee commuter transportation for regional employers, especially in industrial parks and areas of job concentration
 - b. Increase trips for access to core services
 - c. Generate local match funds for targeted services
 - d. Encourage sharing of transportation resources among all providers
 - e. Support and encourage Inter-Regional transportation coordination
 - f. Encourage new start ups and expansion of existing transportation providers in the regional market
 - g. Encourage and support development of a “One-Call” centralized location for all transportation needs, inquiries and requests
 - h. Encourage and support development of coordination and referral services
 - i. Encourage and support development of transportation solutions both with and without governmental subsidy, both for-profit and non-profit
 - j. Encourage and support development of Mobility Managers to assist people with finding and utilizing mobility solutions.

B. ACCESSIBILITY

1. Official designation of one contact point (“One-Call” Shopping) for all people transportation needs within the region.
2. Encourage and support development of Mobility Managers to assist people with finding and utilizing mobility solutions.
3. Educate providers and enhance awareness about Americans with Disabilities Act (ADA) requirements for public and private transportation providers.
4. Educate the public about Public and Human Service Transportation in the region.

TABLE 1 – POLICY OBJECTIVES – Continued

GOAL	POLICY OBJECTIVES AND SUPPORTING TASKS (The following are not listed in any particular order.)
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C. RELIABILITY

1. To encourage the adoption by transportation providers in the region of appropriate and compatible methods (electronic and manual) for tracking performance of trip requests, scheduling and assigning trips to the appropriate or requested provider and confirmation of deliverance of trips within stated performance parameters.
2. To encourage the adoption by transportation providers in the region of appropriate and compatible methods (electronic and manual) for Fleet Management activities, i.e. vehicle safety and performance, real-time vehicle location information and reliable and widely available two-way communication, which significantly improves fleet performance, capabilities and service to the customer.

D. EFFICIENCY

1. Provide training to all types of transportation owners, managers and employees in relevant areas, such as basic accounting and financial analysis, insurance needs and requirements, fleet maintenance and management, communications, recordkeeping, safety, first aid and other knowledge applicable to the transportation industry.
2. Coordinate with the Community Transportation Association of America (CTAA), the Community Transportation Association of Virginia (CTAV), other recognized professional transportation organizations and Peer Networks for training, cooperation and technical assistance.
3. Promotion of on-time performance through the development and use of appropriate uniform standards, use of appropriate and compatible technologies, and fleet and trip analysis methods.

E. ECONOMY

1. Support regional employers, especially in industrial parks and areas of job concentration, with employee commuter work shuttles.
2. Designation and development of Park and Ride lots including shuttle bus shelters in appropriate locations to facilitate core transportation, especially employment related.
3. Support regional planning and zoning activities and initiatives and projects that are “people transportation aware”.
4. Encourage new start-ups and expansion of existing transportation providers in the regional market.
5. Support coordination of services among agencies, consolidation of various activities into single agencies where reasonable and effective, and eliminate redundancies.

TABLE 1 – POLICY OBJECTIVES – Continued

GOAL	POLICY OBJECTIVES AND SUPPORTING TASKS (The following are not listed in any particular order.)
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F. EQUITY

1. Educate and encourage the public about the use of public transportation and Mobility Managers.
2. Establish a system that ensures that ALL requests having the same eligibility are treated under the same set of guidelines.
3. Support establishment of a system of Freedom of Choice for Consumers among transportation providers.

G. SUSTAINABILITY

1. To continue to support the creation of a self-sustaining and economically efficient transportation system to serve the region.
2. To continue the existing system of coordinated transportation for the region.
3. To use new and existing technologies, strategies and programs to support continuing transportation activities in the region.
4. To support the continuance of existing funding sources and seek new funding sources to fill existing as well as future fiscal gaps in service provision.
5. Support establishment of a state or regional funding mechanism or earmark funding source to assist transportation agencies in meeting local match needs for state and federal transportation grants.

Short range plans and activities

The TAC discussed and reviewed the last several decades of progress on people transportation by the various agencies within the region; and indeed, in the three planning districts west of Roanoke through guest speaker visits from the transportation agencies in those districts. Using history as a teacher and our stated Policy Goals as our compass, the TAC determined and agreed upon the plans and activities for the next one to three years. These plans are detailed in Table 2. To a large extent, these plans necessarily involve MEOC as the largest transportation provider and the only Public Transit provider in the region as recognized by the Commonwealth and the governing bodies of Lee, Scott and Wise Counties and the City of Norton, Virginia.

Many of the activities listed in Table 2 are only the first, or in many cases the 10th or 20th, step in a process that will indeed take many years to attain fruition. Adoption and active support of an effective service delivery model and dedicated funding mechanisms for providing matching funds, as in the Florida Model discussed in the Appendices, can shorten this time frame.

TABLE 2 – Short Range Plans

TABLE 2 – SUB-ACTIVITIES BY OBJECTIVE & TASK

OBJECTIVE & SUPPORTING TASKS

SUB-ACTIVITIES

A. MOBILITY

1.A.1. Sustaining Mobility

- a. Continue to cooperate and work with the Virginia Department of Rail and Public Transportation (DRPT), the Virginia Department for the Aging (VDA), the Federal Transit Administration (FTA), Frontier Health, LogistiCare, Inc., Medicaid, the United Mine Workers of America (UMWA) Health and Retirement Funds, the Veteran's Administration and other state and federal agencies, regional and local organizations, governing bodies and private organizations to deliver the best affordable mix of transportation services.
- b. Investigate FTA Charter Exemption status and associated operational changes and schedule of fees necessary to make such an action practicable, including a market assessment of the projected demand for such services at the FTA mandated Fully Allocated Cost Recovery price.
- c. MEOC staff and MERTAC members will present this draft plan to local governing bodies by January 2007, seeking endorsement so that FTA JARC, 5310 and New Freedom federal funding may be sought in FY08 and beyond, especially to fund "Mobility Mangers" to assist individuals with meeting their transportation needs.
- d. MEOC shall continue to seek local match revenues for existing services through the use of contributions, fee for service revenue, and contributions from local governments and organizations.
- e. Run advertisements with content explaining where to call for various transportation services within the region and contact medical facilities, doctor's offices, clinics and pharmacies regarding patient information concerning public and private transportation that may be available. This also supports the "one call does it all" concept and supports a re-emerging private taxi industry in the region.

TABLE 2 – SUB-ACTIVITIES BY OBJECTIVE & TASK

OBJECTIVE & SUPPORTING TASKS	SUB-ACTIVITIES
1.A.2. Improving Mobility	<ul style="list-style-type: none">a. Work with the Virginia Employment Commission, Workforce Investment Board (WIB), Industrial Development Authorities (IDA) and Major Employers to follow up the results of the Employer and Employee Surveys of Summer 2006 to determine specific geographic concentrations of employees requiring transportation and employers or others interested in providing the local match necessary to provide this service.b. Inform and educate employers, employees and the public about tax breaks for employers for employee use of public transportation.c. Explorer JARC opportunities with District III Governmental Cooperative, Four County Transit, MEOC Transit, the WIB, Major Employers and others for a three Planning District wide Pilot JARC Employment Transportation Project.d. Pursue the endorsement of this RMP so that MEOC may make application for at least one Mobility Manager position in FY08 to assist individuals and individuals with disabilities to arrange and obtain appropriate travel through compliant providers and volunteers.e. Survey results showed more medical and core need trips are needed (See Appendices). Conduct a follow-up survey of users to determine more specifically the days and hours and types of additional service needed in order to plan for the best way to meet such needs with existing and future potential resources. MEOC will contract grocery stores to pursuer customer education about transportation resources.f. Offer to local community sponsors and town and county governments additional days or hours of transportation services, demand responsive or route deviation, for residents of their community in return for sponsorship of non-federal local match required to fund such additional services.g. Follow up the Summer 2006 Survey results from churches with existing underutilized community transportation resources and those desiring such resources, with MEOC acting as an arms length broker to match potential users with potential suppliers.h. Make additional contacts with Kingsport Area Transportation Service (KATS), Bristol City Transit, District III Transit and Four County Transit to explore opportunities for enhancing Inter-Regional transportation.i. Educate and inform the public and policy makers about support for the adoption of liability protection for volunteer drivers.j. Educate and inform the public and policy makers about adoption of uniform transportation provider regulations and licensing.k. Host a regional meeting for existing providers concerning service expansion.l. MEOC can offer to other interested providers and agencies to be their “One-Call” center for transportation needs.m. Publish on the MEOC web site (http://www.meoc.org/transportation), for those agencies, organizations and individuals who agree, a transportation resources directory where those with transportation to offer and those in need of transportation can publish their information and contract points (schools, churches, non-profit organizations, individuals, etc. - see Appendices 2 Vehicle Inventory)n. MEOC will seek FTA charter exemption authorization in order to be able to provide transportation to persons and groups without regard to age or disability who can afford to pay full cost of service without subsidy.o. MEOC shall contact educational institutions and programs about sponsorship of specific routes, offer pass programs per semester at special rates, and inform students and adult learners of existing transportation resources.

TABLE 2 – SUB-ACTIVITIES BY OBJECTIVE & TASK

OBJECTIVE & SUPPORTING TASKS

SUB-ACTIVITIES

B. ACCESSIBILITY

- 1.B.1 Designation of One Contact Point (“One-Call center”) for all transportation
 - a. In 1990 the local governing bodies designated MEOC as their Public Transportation Authority (see Appendices). MEOC has and will continue to utilize state Public Transit funds and available local matching funds that become available in order to further serve the general public of Planning District 1 with Public Transit service.
 - b. In 1997 MEOC was designated the Medicaid Broker and Provider of Last Resort for Planning District 1 by the Virginia Department of Medical Assistance Services (DMAS) as part of a brokerage pilot project. This project lasted three years and three months at which time DMAS took the project statewide, resulting in a single statewide broker within 12 months, LogistiCare, Inc (LCI). MEOC continues and will continue to work with LCI in operating a Where’s My Ride line and other services in Planning District 1. It is worth noting, however, that the number of private taxi operators and the number of vehicles available in the region has substantially declined since that time. If a methodology similar to the Florida Model were adopted for the region, these funds would be directed to the locally designated transportation coordination center.
- 1.B.2 Through the endorsement of this RMP by the governing bodies, MEOC will apply in FY08 for funding for at least one Accessibility Manager.
- 1.B.3 MEOC will continue to work with the Disability Services Board and the Junction Center for Independent Living, the designated ADA information resource centers for the region, to follow ADA requirements in operation of its transportation service and support their efforts in ADA activities in general.
- 1.B.4. Educate and Encourage the Public about the use of Public Transportation
 - a. Redo design of bus to include more information regarding the system
 - b. Creation and distribution of a “Ride Guide”
 - a. Use of the internet
 - b. Billboards

C. RELIABILITY

- 1.C.1. Track Performance, Assignment, Scheduling and Confirmation
 - a. MEOC Staff is familiar with many scheduling programs on the market today, and will be changing its own scheduling software in FY07.
 - b. MEOC will make both for-profit and non-profit providers in the region aware of the annual CTAV sponsored Software Expo and endeavor to bring as much of this information as possible to the local area via video conferencing at MEOC.
 - c. MEOC will conduct training on performance measures for its own Transit employees and offer this training to other providers in the region.
- 1.C.2. Fleet Performance Management and Two-Way Communication
 - a. MEOC will make both for-profit and non-profit providers in the region aware of the annual CTAV sponsored Software Expo and endeavor to bring as much of this information as possible to the local area via video conferencing at MEOC.

- b. MEOC will conduct training on fleet maintenance practices and fleet performance measures for its own Transit employees and offer this training to other providers in the region.
- c. MEOC has already offered fleet maintenance services to other non-profit providers in the region, and in fact is doing maintenance and repairs for Junction Center for Independent Living, Inc. and some state vehicles.

TABLE 2 – SUB-ACTIVITIES BY OBJECTIVE & TASK

OBJECTIVE & SUPPORTING TASKS	SUB-ACTIVITIES
D. EFFICIENCY	
1.D.1. To Provide Training in Various Basic Areas of Knowledge Relevant to Transportation	a. MEOC will host public training seminars for owners, managers and employees of local and regional transportation providers.
1.D.2. CTAA, CTAV and Peer Network Training	a. MEOC will correspond with CTAA, CTAV and others for training materials and assist in making materials available to regional transportation providers.
1.D.3. On-Time Performance	a. MEOC will offer contracted order taking, scheduling and dispatching to other transportation providers within the region.
E. ECONOMY	
1.E.1. Employee commuter work shuttles	a. Contact Virginia Employment Commission (VEC) and area employers to pursue potential and interest in employee work shuttles to enhance economic attraction of the area. b. Support further joint venture and human transportation contracts among existing agencies c. Continue to offer ourselves as partners to new organizations such as adult daycare, child care, and assisted living as their contracted transportation and/or public transit provider
1.E.2. Park and Ride Lots for Shuttle Bus	a. Identify need and location for Park and Ride lots by conducting feasible study in conjunction with employers, employees, existing trips, and trip potential in underserved areas and areas serving employers needs for employee transportation.
1.E.3. MEOC will work closely with the LENOWISCO Planning District Commission and other planning bodies in the region to encourage awareness of people transportation issues in such activities as low income, elderly and disabled housing projects.	
1.E.4. MEOC will work with agencies and individuals to assist them in researching and evaluating people transportation ventures in PSA1.	
1.E.5. MEOC will continue to support consolidation and coordination of services wherever practicable.	

TABLE 2 – SUB-ACTIVITIES BY OBJECTIVE & TASK

OBJECTIVE & SUPPORTING TASKS

SUB-ACTIVITIES

F. EQUITY

- 1.F.1. Support adoption of this RMP so that funding can be sought in FY08 for Mobility Managers.
- 1.F.2. Support establishment a System that ensures ALL requests for transportation are treated under the same, appropriate, set of guidelines.
 - a. Support a single transportation agency to administer rules within a region.
 - b. Support a clear written program with guidelines from each funding source supporting transportation
 - c. Support establishment of a performance review process for this regional system.
- 1.F.3. Support establishment of Freedom of Choice by users among transportation providers on the part of the consumer.
 - a. The established One-Call point dispatchers must be knowledgeable of the rules of various funding sources and availability of local providers and provision networks.
 - b. Creation of a guide by provider of trip so caller would have Freedom of Choice by providers who have stated they would accept services with appropriate funding

G. SUSTAINABILITY

1.G.1. Creation of Self-Sustaining and Economically Efficient Transportation System

- a. MEOC and the TAC shall act as facilitators of human transportation related services, education, and activities by hosting training events, videoconferences by acting as an advisory authority on these issues
- b. MEOC and the TAC shall act as coordinators of human transportation related services, education, and activities by continuing as the recognized regional transportation coordinating authority
- c. MEOC shall be willing to assume new programs and responsibilities that might be offered which further the goal of sustainable transportation in the region, much as it does now in performing taxi inspections for LogistiCare and acting as a resource of information and referral for other transportation providers.
- d. MEOC would support the establishment of State Coordination and Funding Programs as many states, like Florida, have done for transit. (See Appendices).
- e. MEOC would support the establishment of regional funding programs for transit and that a “region” should be no larger than a planning district.

Appendices

Organizations Serving on MERTAC
Survey Tools - Mail Survey
Survey Tools - Wal-Mart Intercept Survey
Respondent Comments from Transportation Survey
Employer Listing for Employer Survey
Regional Vehicle Inventory
Inventory and Description of Existing Taxi Services
MEOC TRANSIT
MEOC Transit Milestones
LOGISTICARE AND MEDICAID
Florida Plan
Funding the Model
Other Potential Sources Of Revenues
POSSIBLE One-Call Numbers

Organizations Serving on MERTAC:

The Junction Center

The Junction Center for Independent Living is a non-profit, non-residential program, which provides services to persons with disabilities, their families, and their community.

Frontier Health

Frontier Health is the region's largest provider of behavioral health, developmental disabilities and vocational rehabilitation services. They are a private, not-for-profit organization with more than 85 programs in two states.

Mountain Empire Older Citizens, Inc. / Mountain Empire Transit

Mountain Empire Older Citizens, Inc. transit department is the officially recognized Public Transit and Coordinated Human Services Transportation provider for the planning district.

LENOWISCO Planning District Commission

LENOWISCO Planning District Commission was the critical link between professional transportation planning staff and local land use planning, zoning, economic development, roads and highway construction interests.

Mountain Empire Community College

Mountain Empire Community College is a two-year college serving residents of Lee, Scott, Wise, and Dickenson counties, as well as the City of Norton.

HIS Ministries

His Ministries provides a drug and alcohol referral service, a teen center, substance abuse education, and outreach to needy families through mission projects.

Scott County Department of Social Services and Administrator's Office

Local Government located in the service area.

Mountain Empire Community College Americorps

The AmeriCorps program is a national service movement, funded by the Federal Government, which engages Americans of all ages and backgrounds in providing service to the community. AmeriCorps enrollees provide services to address the most critical problems in our nation's communities.

AARP

AARP is a membership organization dedicated to enhancing the experience of aging through advocacy, information, and services. Formerly known as American Association of Retired Persons.

Kid's Central

Kids Central, Inc. is the region's Head Start Program which maintains an enrollment in excess of 400 families whose incomes fall below the Federal Poverty Index and includes prenatal children through age 4.

LENOWISCO Disability Services Board

LENOWISCO Disability Services Board provided a liaison and input into the planning process for persons with physical and sensory disabilities. This body is a regional planning board appointed by local governments to plan, foster and develop programs for persons with physical and sensory disabilities.

Survey Tools

Mail Survey to Existing Rider Groups: Seniors; Persons with Disabilities; General Public



Transportation Survey

The purpose of this survey is to improve transportation for the residents that live in the Counties of Lee, Scott and Wise and the City of Norton. **This information is confidential** and will be used for statistical purposes to report transportation problems. Do not provide any personal information that might identify you. Please answer the following questions based on your experience with transportation, whether that be public transportation or something else that gets you where you need to go. Please return this survey by June 30, 2006.

1.CHECK THE BOX THAT MOST APPLIES FOR EACH	Personal Vehicle	Public Transit (MEOC Bus)	Family and Friends	Car/ Van Pool	Walk/Bike	Taxi	N/A
My MAIN source of transportation							
2 nd source of transportation							
3 rd source of transportation							
If I had to replace my main source of transportation I would replace it with							

2. CHECK THE BOX THAT APPLIES	1-5 years	1-10 years	1-20 years
My main source of transportation will continue for the next			

3. CHECK THE BOX THAT MOST APPLIES	After Dark	Long Trips	Medication	Heavy Traffic	Other	N/A
I restrict my driving due to medical or health condition due to						

4. CHECK THE BOX THAT MOST APPLIES FOR EACH	Work	Medical Appointments	Run Errands	Weekend / Holiday Travel	Recreational Activities & Events	Visit Family And Friends	Education/ School
#1 reason for transportation							
#2 reason for transportation							
#3 reason for transportation							

5. CHECK THE BOX THAT MOST APPLIES	6am – 8 am	8am - 4pm	4pm – 6pm	6pm – 10pm	10pm – 6am

My main source of transportation is used most during which time period					
6. CHECK THE BOX THAT MOST APPLIES	Everyday	Monday - Friday	Saturday	Sunday	
My main source of transportation is used most on which day(s)					

7. Please check agree, disagree or does not apply

The main source of transportation I use:	Agree	Disagree	Does Not Apply
Is reliable			
Is too expensive			

8. Please check agree, disagree or does not apply

I would use public transportation more if:	Agree	Disagree	Does Not Apply
I knew it was available in my area			
I knew how the system worked			
I knew what services were available			
I knew people of all ages could ride the bus			
Trips were shorter			
I felt safe and secure			
It was easy to schedule trips			
It were more accessible to people with disabilities			
It was available on Saturdays			
It was available on Friday evenings			

9. Please check agree, disagree or does not apply

	Agree	Disagree	Does Not Apply
Current transportation is \$.75 for seniors/children, \$1.50 all others per boarding. Do you think this is too little?			
Do you think it would be fair to increase prices in light of fuel cost? If you checked agree, how much?			

10. CHECK THE BOX THAT APPLIES	SSI	Social Security Disability	Medicaid	TANF	Social Security	Retirement
Are you eligible or do you receive any of the following?						

11. CHECK THE BOX THAT APPLIES	Under 19	20-34	35-54	55-59	60-64	65-74	75 or older
Age?							

12. CHECK THE BOX THAT APPLIES	<\$10,000	\$10,000-15,000	\$15,000-25,000	\$25,000-35,000	>\$35,000
Total annual household income					

13. What radio station do you listen to most? _____
14. What newspaper do you read most? _____
15. What TV station do you watch most? _____
16. Home Zip Code? _____
17. Work Zip Code? _____
18. Gender: ☐ Male ☐ Female
19. Number of Adults in Household including yourself? _____
20. Number of Children in Household? _____
21. Do you or anyone in your household have a disability? ☐ Yes ☐ No
22. Do you speak any other language other than English? ☐ Yes ☐ No
- If yes, which language or languages?

23. Today's Date: ____/____/____

24. Please Add any Comments or Suggestions:

Wal-Mart Intercept Survey (Face-To-Face Interviews)



Transportation Survey

The purpose of this survey is to improve transportation for the residents that live in the Counties of Lee, Scott and Wise and the City of Norton. **This information is confidential** and will be used to help improve your ability to find transportation.

CIRCLE THE ANSWER THAT APPLIES TO EACH QUESTION.

1. How do you get around from place to place? My Car MEOC Bus Family and Friends Walk/Bike Taxi
2. If your car were not working how would you get somewhere? MEOC Bus Family & Friends Walk/Bike Taxi
3. What kinds of places do you need to go more often? Work Doctor Run Errands Recreation School Visit Family & Friends
4. I would use the public bus if:
 - a. I knew it was available in my area Yes No
 - b. I knew the number to call Yes No
 - c. I knew people of all ages could ride the bus Yes No
 - d. It was quick and easy to schedule trips Yes No
 - e. It were easier for people with disabilities to use Yes No
What problems do you have now?
 - f. It was available on Saturdays Yes No
 - g. It was available on Friday evenings Yes No
5. What is your total household income? Below \$10,000 \$10,001 – \$15,000 \$15,001 - \$25,000 \$25,001 - \$35,000 Above \$35,000
6. Do you receive SSI, Social Security Disability, Medicaid, TANF, Social Security or Retirement? ____ Yes ____ No
7. What is your age? _____
8. Home Zip Code? _____.
9. Do you work outside the home? ____ Yes ____ No
10. Work Zip Code? _____.
11. Gender: ____ Male ____ Female
12. Number of Adults in Household including yourself? _____.
13. Number of Children in Household? _____.
14. Do you or anyone in your household have a disability? ____ Yes ____ No If yes, what disability?
15. Do you speak any other language other than English? ____ Yes ____ No
If yes, which language or languages?
16. If you ride the bus now what is the hardest thing about using the bus?
17. Today's Date: ____ / ____ / ____

Respondent Comments from Transportation Survey

I feel it is great for the older generation who doesn't have transportation.	
It is good to have the transportation for the ones that need it. I will use it if I need to.	
My mother in law who is 92 would love to have transportation available so as not to have to drive.	
I would use this source of public transportation if I were older and did not have a personal vehicle readily available. however, public transportation for me is several years down the road. (I hope).	
I would love to see more public transportation available. I know it is difficult in rural areas to have routes.	
Need more publicity about transit system in local newspapers	
I appreciate transit very much. I don't know what I'd do without them. My driver (Mark) is very nice and dependable.	
I have no automobile. I wish you would please go to Johnson City (Mountain Home Veteran's Hospital) Johnson City, TN, even with a group, I would be happy to pay more money. I am a disabled Veteran, with appointments at the Veteran's Hospital in Mountain Home, Johnson City. Saturday and Sunday service? Could you please extend your pick-up to back home to 6 pm?	
Thank's so much.	
I am thankful for MEOC's transportation for our seniors! It really helps them! Without MEOC a lot of seniors would have a hard time shopping/traveling.	
MEOC transit is a great system! I have used it in the past to transport my father to and from Dr.s appts and will use them anytime I feel it is needed for him because he is disabled and in a wheel chair. Being able to transport him in his chair is wonderful and so much easier in one of the buses.	
Due to the fuel prices at this time, it would be a wonderful idea to make MEOC accessible to all. Even though this is a rural area, we do need public transit. I know for the City of Norton if there were transit stops placed in Norton, it would make it a lot easier for people to get around, especially now that Walmart has moved further away and other businesses.	
Will need a ride to college soon.	
Wish the van would run on Saturday for special local events.	
We are blessed. I'm so thankful we have MEOC transportation. It's easy to schedule. I ride about 3-4 days a week. Everyone is very nice and helpful to me. I have been riding about 7-8 years. Thank you so much for your services.	
We need transportation – MEOC	
Have regular trips for food, shopping, it would save gas.	
I wonder if I could get my rides cost down any lower than 1.50 each way	
A sliding scale fee for transportation may help. Thank you for taking me to dialysis!	
I know many women in other communities who never learned to drive; they have so much trouble getting around. I am so glad to live in an area where transportation is available should I need it.	

I think that everything is going up due to high gas prices and that it is hard for people on a fixed income to make it. It is good to have a second chance of transportation to lean on and this sounds great.	
I live in Lee Co, if I could get a ride to work 3 days out of the week it wouldn't cost me so much or if I have car trouble I could get to work all 4 days without trouble.	
Need bus that goes to bus depot and airport at least twice daily.	
Run MEOC trans buses on Sat and Sun to special events in the region.	
I wished that the Transit bus would run on Saturdays or Sundays, to take people that didn't have transportation to church, and to the grocery store or to let visit family and friends.	
Sure would like this to be available in my area, if only one day a week would be good. Thank you.	
Disabled son transports me. If something should happen to him I would need a ride.	
Need transportation.	
Need transportation really bad.	
This service is badly needed for the community.	
Could really use the transportation in our area.	
I think MEOC transit is a good thing for our rural area and should be more widely available.	
I know people that live in BSG that need a ride to church on Sundays.	
On the 1st of the month I have to pay for 5 or 6 stops, Dr., gro, drugstore, dollar store for personal items, bank, PO, pay bills, this cost me around \$5 or more each Friday I shop gro. It would be hard for me to pay more for transportation because of my limited income.	
I think public transportation is a necessity to many people who can no longer drive. Many people do not have family or friends who are able to or willing to transport someone. To me it would be very frustrating to need or want to go someplace and no one would be available to assist me.	
I have my own car, should if need repair I would call for help to get my errands taken care of.	
I think our seniors and children need the best possible transportation at the lowest price. We need to take care of our young and our elderly above all else.	
Get this help started "soon" I need help grocery shopping.	
Would like to see a MEOC van come from Coeburn to Duffield area.	
Would like to be able to use transportation to do grocery shopping and other errands. Needs to be provided more hours in the day.	
Thank you for serving our area! My family and friends provide transportation for me but others are not so blessed. Grocery shopping seems to be a major problem for Senior Citizens without transportation, Maybe you could map out 2 or 3 regular runs with designated pickup drop off areas at certain hours/ days for a certain fee.	

Employer Listing for Employer Survey

* = Employer replied to letter and requested survey forms for employees (and students in case of MECC).

Magic Mart
1490 Park Avenue NW
Norton, VA 24273
ATTN: Kay Dingus

Town of Pennington Gap
131 Constitution Road
Pennington Gap, VA 24277
ATTN: Linda K. Crusenberry

Burger King
900 Gilley Avenue East
Big Stone Gap, VA 24219
ATTN: Manager

Town of Coeburn
403 2nd Street
Coeburn, VA 24230
ATTN: Loretta Mays

Wise Co. Dept of Social Services*
P.O. Box 888
Wise, VA 24293
ATTN: Tom Stanley

Burger King
602 Trent Street NE
Norton, VA 24273
ATTN: Manager

Nickelsville Medical Center*
102 Meade Avenue
Nickelsville, VA 24271
ATTN: Brandi Lawson

Sykes Enterprises*
1000 Sykes Blvd
Wise, VA 24293
ATTN: Amy Meade

Burger King
231 US Hwy 23 S
Weber City, VA 24290
ATTN: Manager

Town of Wise*
P.O. Box 1100
Wise, VA 24293
ATTN: Beverly Owens

Midpaco Papers
121 Kingsport Press Road
Church Hill, TN 37642
ATTN: Christina

Burger King
Highway 58 Riverside Drive
St. Paul, VA 24283
ATTN: Manager

Ridge Crest Manor Nursing Home*
Rebecca Rhoten/Dennes Bower
P.O. Box 280
Duffield, VA 24244

U. S. Penitentiary Lee County
P.O. Box 900
Jonesville, VA 24263
ATTN: Eilane Marques

Red Onion State Prison*
1080 H. Jack Rose Hwy.
Pound, VA 24279
ATTN: Renee Conley

Holston Medical Group PC*
P.O. Box 88
Duffield, VA 24244
ATTN: Glenda Kern

Parks Belk*
P.O. Box 3429
Wise, VA 24293
ATTN: Kimberly Bartone

Pay Less Supermarkets
P.O. Box 390
Coeburn, VA 24230
ATTN: Alan Atwood

Days Inn
375 Wharton Lane
Norton, VA 24273
ATTN: Tiffany L. Hamilton

Norton Community Hospital, Inc.
100 15th Street, N.W.
Norton, VA 24273
ATTN: Valeri Colyer

Heritage Hall
2045 Valley View Drive East
Big Stone Gap, VA 24219
ATTN: Lisa Gilliam

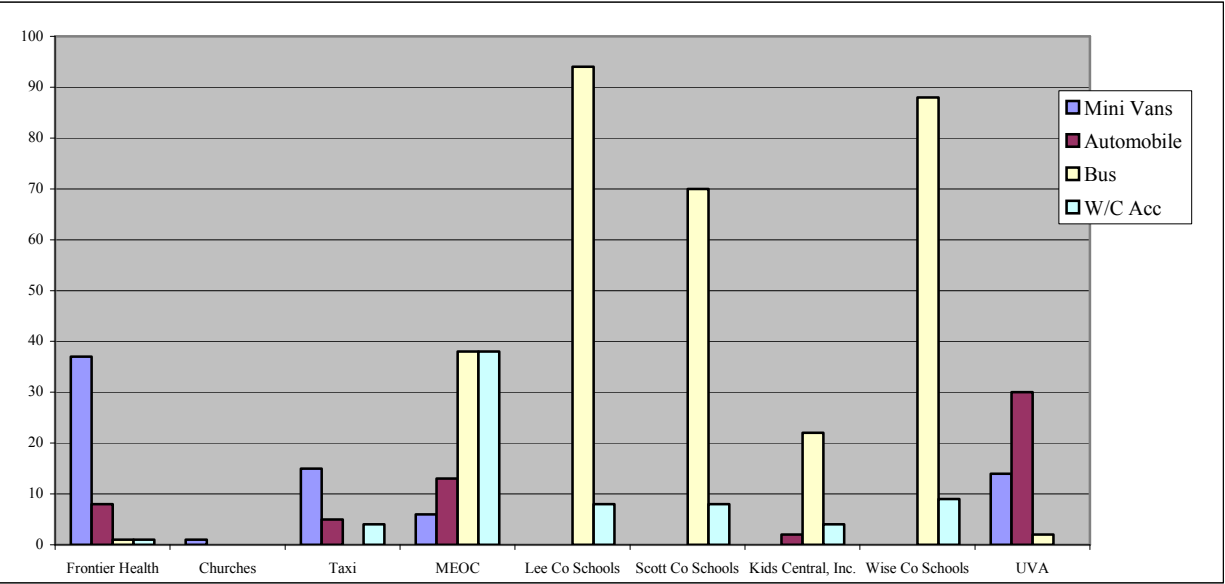
Town of Jonesville*
P.O. Box 190
Jonesville, VA 24263
ATTN: Marcie Ridings

Food City
210 US Highway 23N
Weber City, VA 24290
ATTN: Malysa Sallee

Norton Dept of Social Services*
P.O. Box 378
Norton, VA 24273
ATTN: Kay Leffler

MECC*

Regional Vehicle Inventory



Inventory and Description of Existing Taxi Services

<u>Provider Name</u>	<u>Base City</u> service area	<u>Services</u>
Beacon of Life	Duffield/St. Paul Lee, Wise, Scott, Norton	Taxi & Ambulance
Barnette's Cab	BIG STONE GAP , surrounding areas in Wise County	Taxi
Coeburn Taxi	COEBURN , Wise, Russell, Dickenson	Taxi
Donna's Taxi	CLINTWOOD , Dickenson/Pound	Taxi
Energystat Ambulance	NORTON , Wise, Lee, Scott Co. Dickenson Co. Kingsport, Tazewell, Buchanan & Washington Counties	Taxi & Ambulance, W/C Van, Stretcher Van
J&B Taxi	LEBANON , Russell, Buchanan, parts of Washington, Lee & Scott Counties	Taxi
MEOC	BIG STONE GAP , Wise, Scott, Lee, City of Norton	Public Transit Buses, W/C Buses
Southwest Taxi	COEBURN , Wise, Russell, Scott	Taxi
Tri County Cab	COEBURN , Wise, Russell, Scott, Dickenson	Taxi & W/C Van

Consumer Comments

Meoc Transit

EVERYBODY says change the design of the lettering and artwork on the buses so everyone does not think you have to be elderly, and by default an MEOC Client, to ride.

(Below: First design modification in nine years was implemented in 2006.)



LogistiCare And Medicaid

LogistiCare, Inc. is the company chosen by the Virginia Department of Medical Assistance Services (Medicaid) to be the statewide Medicaid Transportation Broker for the Commonwealth. (<http://www.dmas.virginia.gov>)

Medicaid is an important contributor to the economy of Southwest Virginia. Fee for Service payments to Medical Providers By Locality (does not include transportation costs) in PSA 1 are excerpted from a DMAS report (http://www.dmas.virginia.gov/downloads/Stats_05/Chapter_08/PAYLOC-05.pdf) and shown below:

Medicaid Fee-For-Service Payments in Dollars By Locality		
	1997	2005
Lee	17,264,317	31,018,251
Norton	3,564,905	6,311,074
Scott	12,402,844	23,135,149
Wise	25,993,448	47,824,866

The following is from the LogistiCare Website (<http://www.logisticare.com>)

“We're LogistiCare. Our clients range from state government agencies, managed care organizations and hospitals to transit authorities and school boards. Their customers include Medicaid and Welfare-to-Work populations, commercial and senior members, special-needs students and ADA Para transit riders.

But we're not a transportation company. We don't drive buses and we don't fly planes. Our interests align with those of our clients as we utilize our technology and expertise to offer a complete outsourcing solution to manage and unlock the value of local transportation companies. Our efforts result in increased healthcare access and enhanced quality of life for our clients' customers.”

MEOC Transit History

- Began Operations 1974
- Public Transit Funding 1983
- Medicaid Pilot Project #1 1985
- Fixed Route Mgt Contract 1987
- MH & MR Transportation 1988 & 1990

10/30/2006

Mountain Empire Transit
276.523.RIDE

7

Transit History

- 2-way Radios and Computerized Trip Scheduling 1991
- Founding Member CTAV 1992
- Virginia Rural Transit System of Year 1995
- Medicaid Pilot Project #2 –CAPITATED Brokerage 1997
- FTA Administrator's Award 2003
- Transit Facility Completed 2005

10/30/2006

Mountain Empire Transit
276.523.RIDE

8

Florida Plan

A report prepared for the Joint DHHS/DOT Coordinating Council by Ecosometrics, Inc. in 1995 examined five state models for dealing with non-emergency Medicaid transportation programs. While the focus of this study was non-emergency Medicaid Transportation (NET), one model contained in the study, the Florida Model, highlights the benefits of Coordinated Transportation to all consumers, not just Medicaid.

In essence, the model, dating to 1990 in Florida, involves defining the “transportation disadvantaged”, providing a revenue source and administration for distribution of the funds and mandatory statewide coordination of trips among all state and local agencies accomplished at the county and multi-county level.

Statutory Design

The Florida Model created a statewide coordinated system of transportation agencies under the jurisdiction of the Florida Commission for the Transportation Disadvantaged. Under this statute, persons eligible for service, the responsibilities of the Commission and requirements of all state funded and local departments for participation in the coordinated system are defined. Some relevant excerpts from the Florida statute are:

427.011 Definitions.--

- (1) "Transportation disadvantaged" means those persons who because of physical or mental disability, income status, or age are unable to transport themselves or to purchase transportation and are, therefore, dependent upon others to obtain access to health care, employment, education, shopping, social activities, or other life-sustaining activities, or children who are handicapped or high-risk or at-risk as defined in s. 411.202.

427.013 The Commission for the Transportation Disadvantaged; purpose and responsibilities.--The purpose of the commission is to accomplish the coordination of transportation services provided to the transportation disadvantaged. The goal of this coordination shall be to assure the cost-effective provision of transportation by qualified community transportation coordinators or transportation operators for the transportation disadvantaged without any bias or presumption in favor of multioperator systems or not-for-profit transportation operators over single operator systems or for-profit transportation operators. In carrying out this purpose, the commission shall:

- (14) Consolidate, for each state agency, the annual budget estimates for transportation disadvantaged services, and the amounts of each agency's actual expenditures, together with the annual budget estimates of each official planning agency, local government, and directly federally funded agency and issue a report. *(Author Note: This makes full disclosure of transportation funds by agencies mandatory.)*
- (15) Prepare a statewide 5-year transportation disadvantaged plan which addresses the transportation problems and needs of the transportation disadvantaged, ... and which ensures that the most cost-effective and efficient method of providing transportation to the disadvantaged is programmed for development.
- (17) Review, monitor, and coordinate all transportation disadvantaged local government, state, and federal fund requests ... without delaying the application process. Such funds shall be available only to those entities participating in an approved coordinated transportation system or entities that have received a commission-approved waiver to obtain all or part of their transportation through another means. ...
- (27) Ensure that local community transportation coordinators work cooperatively with regional workforce boards established in chapter 445 to provide assistance in the development of innovative transportation services for participants in the welfare transition program.

Each agency in the state providing transportation for its clients is required to follow certain procedures for utilizing the Coordinated Transportation System, as shown here via statute excerpts. The important role of the Metropolitan Planning Organizations (in Virginia's case this would be the equivalent of our Regional Planning District Commissions) is also recognized in giving them the power to recommend which agency shall be the single Community Transportation Coordinator for their area.

427.0135 Member departments; duties and responsibilities.--Each member department, in carrying out the policies and procedures of the commission, shall:

- (1)(a) Use the coordinated transportation system for provision of services to its clients, unless each department meets the criteria outlined in rule to use an alternative provider.
- (b) Subject to the provisions of s. 409.908(18), the Medicaid agency shall purchase transportation services through the community coordinated transportation system unless a more cost-effective method is determined by the agency for Medicaid clients or unless otherwise limited or directed by the General Appropriations Act.

427.015 Function of the metropolitan planning organization or designated official planning agency in coordinating transportation for the transportation disadvantaged.--

- (2) Each metropolitan planning organization or designated official planning agency shall recommend to the commission a single community transportation coordinator. However, a member department may not serve as the community transportation

coordinator in any designated service area. The coordinator may provide all or a portion of needed transportation services for the transportation disadvantaged but shall be responsible for the provision of those coordinated services. Based on approved commission evaluation criteria, the coordinator shall subcontract or broker those services that are more cost-effectively and efficiently provided by subcontracting or brokering. ...

- (3) Each metropolitan planning organization or designated official planning agency shall request each local government in its jurisdiction to provide an estimate of all local and direct federal funds to be expended for transportation for the disadvantaged. ...

Local agencies are also required to coordinate transportation services with the Community Transportation Coordinator.

427.016 Expenditure of local government, state, and federal funds for the transportation disadvantaged.--

- (1)(a) All transportation disadvantaged funds expended within the state shall be expended to purchase transportation services from community transportation coordinators or public, private, or private nonprofit transportation operators within the coordinated transportation system,

The crucial role of the Community Transportation Coordinator agency is shown by the powers granted it.

427.0155 Community transportation coordinators; powers and duties.--Community transportation coordinators shall have the following powers and duties:

- (1) Execute uniform contracts for service using a standard contract, which includes performance standards for operators.
- (2) Collect annual operating data for submittal to the commission.
- (3) Review all transportation operator contracts annually.
- (4) Approve and coordinate the utilization of school bus and public transportation services in accordance with the transportation disadvantaged service plan.
- (5) In cooperation with a functioning coordinating board, review all applications for local government, federal, and state transportation disadvantaged funds, and develop cost-effective coordination strategies.
- (7) In cooperation with the coordinating board and pursuant to criteria developed by the Commission for the Transportation Disadvantaged, establish priorities with regard to the recipients of nonsponsored transportation disadvantaged services that are purchased with Transportation Disadvantaged Trust Fund moneys.
- (8) Have full responsibility for the delivery of transportation services for the transportation disadvantaged as outlined in s. 427.015(2).
- (9) Work cooperatively with regional workforce boards established in chapter 445 to provide assistance in the development of innovative transportation services for participants in the welfare transition program.

Lastly, local Coordinating Boards exist to help maintain focus on local and regional issues and enhance communication with and attentiveness to local needs on the part of the Transportation Coordination agency.

427.0157 Coordinating boards; powers and duties.--The purpose of each coordinating board is to develop local service needs and to provide information, advice, and direction to the community transportation coordinators on the coordination of services to be provided to the transportation disadvantaged.

The Florida model is quite comprehensive in also mandating the cooperation of school systems in making transportation resources available. By Statute, detailed information, by a specific date each year, must be provided to the Transportation Coordinator including actual bus schedules and routes, vehicle inventory lists, passenger capacity of each vehicle, garage location and more. In part, the Statute reads:

427.0158 School bus and public transportation.--

- (1) The community transportation coordinator shall maximize the use of public school transportation and public fixed route or fixed schedule transit service for the transportation of the transportation disadvantaged.
- (2) The school boards shall cooperate in the utilization of their vehicles to enhance coordinated disadvantaged transportation by providing the information as required by this section and by allowing the use of their vehicles at actual cost upon request when those vehicles are available for such use and are not transporting students. ...

http://www.flsenate.gov/statutes/index.cfm?App_mode=Display_Statute&URL=Ch0427/ch0427.htm

While such sweeping measures as mandating school bus participation in a coordinated transportation system may not be possible in every state, it is easy to see that Florida is serious about getting the most “bang” for its transportation bucks. (In Virginia, especially Southwest Virginia, the three coordinated transportation agencies --MEOC, AASC and District III-- are already the Public Transit providers as well.)

In February 2004 Florida received the *United We Ride State Leadership Award* from Transportation Secretary Norman Y. Mineta (copy attached). In the same month the U.S. Agency for Health Care Administration (AHCA) released its independent assessment showing that this Coordinated Transportation approach saved the State of Florida \$41.26 million dollars in Medicaid benefits. Further AHCA analysis showed that in the absence of this Coordinated Transportation system, Florida would have spent an additional \$22.22 million dollars! (Copy attached.)

Funding the Model

Of course, all this transportation must be funded. Funding in Florida comes from a \$1.50 annual motor vehicle registration fee. Actual Florida Code excerpts show the details. (It is worth remembering that in Virginia there is already a \$4.00 fee added to vehicle registrations specifically for Virginia EMS and the Rescue Squad Assistance Fund. Florida is running an entire statewide coordinated transportation system for \$1.50 per registration.) One model for Virginia to consider would be to add a fee to motor vehicle moving violation convictions dedicated solely to coordinated transportation funding.

320.03 Registration; duties of tax collectors; International Registration Plan.--

(9) A nonrefundable fee of \$1.50 shall be charged on the initial and renewal registration of each automobile for private use, and on the initial and renewal registration of each truck having a net weight of 5,000 pounds or less. Such fees shall be deposited in the Transportation Disadvantaged Trust Fund created in part I of chapter 427 and shall be used as provided therein, except that priority shall be given to the transportation needs of those who, because of age or physical and mental disability, are unable to transport themselves and are dependent upon others to obtain access to health care, employment, education, shopping, or other life-sustaining activities.

(Authors Note: In 2000, Florida attempted to further strengthen the Fund with an additional \$2 million annual appropriation, however, this did not pass.)

¹427.0159 Transportation Disadvantaged Trust Fund.—

(4) Funds deposited in the trust fund may be used by the commission to subsidize a portion of a transportation disadvantaged person's transportation costs that is not sponsored by an agency, only if a cash or in-kind match is required. Funds for non-sponsored transportation disadvantaged services shall be distributed based upon the need of the recipient and according to criteria developed by the Commission for the Transportation Disadvantaged.

Lessons to be Learned

Coordination of service is the key to cutting costs, containing future expenditure growth rates and enhancing service to the various sectors of the population comprising the “transportation disadvantaged”, as well as the public at large.

Access for transportation disadvantaged consumers; their sponsoring agencies and the public is simplified by making a single agency responsible for contact, coordination and actual transportation in a countywide or multi-county area.

Multi-County areas are not so large as to allow the Coordinator to loose touch with the individuals in the community it serves. The largest such Coordinator being four counties.

(<http://www.dot.state.fl.us/ctd/a/%20Web%20Page%20layout/1%20contacts/d%20CTCs.htm#1>) In the case of Southwest Virginia, District III is a little larger than that, however, it is mostly very low population density counties.

The Coordinator has the duty to utilize the most cost effective means of provision and is specifically empowered to broker, subcontract and directly provide transportation, as it deems most efficient and effective. (This is in fact how MEOC operated from the mid-90s to the institution of statewide Medicaid brokering.)

Checks and balances are provided through the oversight of the local steering committee and required annual reporting to the Transportation Disadvantaged Commission. Thus the Coordinator can focus on delivering the most transportation to the most people.

In Florida, Coordinated Transportation SAVES THE STATE A LOT OF MONEY!

How the Model Could Help Southwest Virginia

Providing transportation of people in rural Southwest Virginia is a difficult task at best. The same holds true for any rural area. Unfortunately, rural areas tend to have a disproportionate share of transportation disadvantaged people. In a urban area with typical mass transit, the poor, handicapped, elderly, those in poor health or with chronic conditions prohibiting driving or making driving hazardous to themselves or the traveling public have many readily available alternatives. Fixed route buses, light rail, subway, Para transit, charitable and membership organizations are there to fill the need.

In rural areas, Southwest Virginia being no exception, there are no high population density trip generators to support the traditional mass transit modes. Most rural counties in Virginia don't even have public transit. Planning Districts I, II, and III are fortunate in

having three agencies that already provide some public transit in addition to their other membership transportation services. In essence, we already have much of what Florida had to create by statute from scratch. The one thing we do not have, which Florida did provide from the beginning, is the funding mechanism to “fill the gaps” in all the other funding sources.

Other Potential Sources Of Revenues

Additional funding to meet the critical operational and capital needs of rural public transit in Virginia must come with two additional provisos—authorizing legislation:

- a. must state that such funds are eligible for use as capital or operating funds at the discretion of the local recipient agency, and
- b. must state that such funds are eligible as local match for all local, state and federal transportation grants at the discretion of the local recipient agency.

These two points are absolutely crucial to meeting the needs and alleviating the existing problems caused by deficit funding on the public transit side, lack of real coordination on the part of federal and state officials and “gap funding” caused by Medicaid and other payments for transportation being fixed by the issuing agencies without regard to actual costs. In short, these funds are needed to “fill the gap” left by every single funding source from public transit to all human services transportation—everyone wants someone else’s money to pay for the balance of the cost of “their” transportation. Nobody wants to pay what it actually costs.

Waste Tires

Information from the Virginia Department of Environmental Quality (<http://www.deq.virginia.gov/wastetires>) shows that the existing \$.50 retail fee on waste tires generated \$2,559,994 in FY03. The 2003 General Assembly increased this fee to \$1 effective July 1, 2003, reverting to \$0.50 in 2006. Using DEQ’s own numbers, a \$0.50 fee on waste tires would generate roughly \$2.5 million annually for Virginia’s rural transit operators.

Even using all currently existing 44 public transit providers listed in the Virginia Department of Rail and Public Transportation database (<http://www.drpt.virginia.gov/locator/allproviders.aspx>), a \$0.50 fee would yield an additional \$58,000 per operator in revenues. Using the operators serving some portion of a rural area (22), this would be \$116,000 per operator. Using just the rural providers (9), this would be \$284,000 per operator.

Motor Vehicle Registrations

Currently the Commonwealth levies a \$4 annual fee (§ 46.2-694.A.13) for Emergency Medical Services purposes. A similar annual fee could be levied for public transit, rural transit or coordinated transit. This could be a significant source of revenue. According to the 2000 Census, Virginia have approximately 2.7 million registered vehicles. At \$1 per registration that’s \$2.7 million or approximately \$61,000 for each of the 44 public transit operators listed by Virginia DRPT. At the \$4 per registration that Rescue Squads receive that would be nearly a quarter million dollars per operator. This would go along way towards meeting the needs.

Possible One-Call Numbers

The “One-Call” phone number could be prefixed by any available toll-free designation:

- ☐ 800
- ☐ 888
- ☐ 877
- ☐ 866

- ☐ The “One-Call” phone number could be
- ☐ ONE-CALL 663-2255
- ☐ 4MY-RIDE 469-7433

Appendix B – Final FTA Guidance on Coordinated Planning Requirements

The following excerpt is from the final guidance from the Federal Transit Administration (FTA) on the Elderly Individuals and Individuals with Disabilities (Section 5310), Job Access Reverse Commute (JARC – Section 5316) and New Freedom (Section 5317) programs. (Effective May 1, 2007)

Final Circulars: http://www.fta.dot.gov/laws/leg_reg_circulars_guidance.html

Final Register Notices: http://www.fta.dot.gov/laws/leg_reg_federal_register.html

COORDINATED PLANNING

1. THE COORDINATED PUBLIC TRANSIT-HUMAN SERVICES TRANSPORTATION PLAN. Federal transit law, as amended by SAFETEA-LU, requires that projects selected for funding under the Elderly Individuals and Individuals with Disabilities (Section 5310), Job Access and Reverse Commute (JARC), and New Freedom programs be “derived from a locally developed, coordinated public transit-human services transportation plan” and that the plan be “developed through a process that includes representatives of public, private, and non-profit transportation and human services providers and participation by members of the public.” The experiences gained from the efforts of the Federal Interagency Coordinating Council on Access and Mobility (CCAM), and specifically the United We Ride (UWR) Initiative, provide a useful starting point for the development and implementation of the local public transit-human services transportation plan required under the Section 5310, JARC and New Freedom Programs. Many States have established UWR plans that may form a foundation for a coordinated plan that includes the required elements outlined in this chapter and meets the requirements of 49 U.S.C. 5317.
2. DEVELOPMENT OF THE COORDINATED PUBLIC TRANSIT-HUMAN SERVICES TRANSPORTATION PLAN.
 - a. Overview. A locally developed, coordinated, public transit-human services transportation plan (“coordinated plan”) identifies the transportation needs of individuals with disabilities, older adults, and people with low incomes, provides strategies for meeting those local needs, and prioritizes transportation services for funding and implementation. Local plans may be developed on a local, regional, or statewide level. The decision as to the boundaries of the local planning areas should be made in consultation with the State, designated recipient and the metropolitan planning organization (MPO), where applicable. The agency leading the planning process is decided locally and does not have to be the designated recipient.

In urbanized areas where there are multiple designated recipients, there may be multiple plans and each designated recipient will be responsible for the competitive selection of projects in the designated recipient's area. A coordinated plan should maximize the programs' collective coverage by minimizing duplication of services. Further, a coordinated plan must be

developed through a process that includes representatives of public and private and non-profit transportation and human services transportation providers, and participation by members of the public. Members of the public should include representatives of the targeted population(s) including individuals with disabilities, older adults, and people with low incomes. While the plan is only required in communities seeking funding under one or more of the three specified FTA programs, a coordinated plan should also incorporate activities offered under other programs sponsored by Federal, State, and local agencies to greatly strengthen its impact.

b. Required Elements. Projects competitively selected for funding shall be derived from a coordinated plan that minimally includes the following elements at a level consistent with available resources and the complexity of the local institutional environment:

- (1) An assessment of available services that identifies current transportation providers (public, private, and non-profit);
- (2) An assessment of transportation needs for individuals with disabilities, older adults, and people with low incomes. This assessment can be based on the experiences and perceptions of the planning partners or on more sophisticated data collection efforts, and gaps in service (Note: If a community does not intend to seek funding for a particular program (Section 5310, JARC, or New Freedom), then the community is not required to include an assessment of the targeted population in its coordinated plan);
- (3) Strategies, activities and/or projects to address the identified gaps between current services and needs, as well as opportunities to improve efficiencies in service delivery; and
- (4) Priorities for implementation based on resources (from multiple program sources), time, and feasibility for implementing specific strategies and/or activities identified.

Note: FTA will consider plans developed before the issuance of final program circulars to be an acceptable basis for project selection for FY 2007 if they meet minimum criteria. Plans for FY 2007 should include 1) an assessment of available services; 2) an assessment of needs; and 3) strategies to address gaps for target populations; however, FTA recognizes that initial plans may be less complex in one or more of these elements than a plan developed after the local coordinated planning process is more mature. Addendums to existing plans to include these elements will also be sufficient for FY 2007. Plans must be developed in good faith in coordination with appropriate planning partners and with opportunities for public participation.

c. Local Flexibility in the Development of a Local Coordinated Public Transit-Human Services Transportation Plan. The decision for determining which agency has the lead for the development and coordination of the planning process should be made at the State, regional, and local levels. FTA recognizes the importance of local flexibility in developing plans for human service transportation. Therefore, the lead agency for the coordinated planning

process may be different from the agency that will serve as the designated recipient. Further, FTA recognizes that many communities have conducted assessments of transportation needs and resources regarding individuals with disabilities, older adults, and/or people with low incomes. FTA also recognizes that some communities have taken steps to develop a comprehensive, coordinated, human service transportation plan either independently or through United We Ride efforts. FTA supports communities building on existing assessments, plans and action items. As all new Federal requirements must be met, however, communities may need to modify their plans or processes as necessary to meet these requirements. FTA encourages communities to consider inclusion of new partners, new outreach strategies, and new activities related to the targeted programs and populations.

Plans will vary based upon the availability of resources and the existence of populations served under these programs. A rural community may develop its plans based on perceived needs emerging from the collaboration of the planning partners, whereas a large urbanized community may use existing data sources to conduct a more formal analysis to define service gaps and identify strategies for addressing the gaps.

This type of planning is also an eligible activity under three other FTA programs—the Metropolitan Planning (Section 5303), Statewide Planning (Section 5304), and Urbanized Area Formula (Section 5307) programs, all of which may be used to supplement the limited (10 percent) planning and administration funding under this program. Other resources may also be available from other entities to fund coordinated planning activities. All “planning” activities undertaken in urbanized areas, regardless of the funding source, must be included in the Unified Planning Work Program (UPWP) of the applicable MPO.

- d. Tools and Strategies for Developing a Coordinated Plan. States and communities may approach the development of a coordinated plan in different ways. The amount of available time, staff, funding, and other resources should be considered when deciding on specific approaches. The following is a list of potential strategies for consideration.
 - (1) Community planning session. A community may choose to conduct a local planning session with a diverse group of stakeholders in the community. This session would be intended to identify needs based on personal and professional experiences, identify strategies to address the needs, and set priorities based on time, resources, and feasibility for implementation. This process can be done in one meeting or over several sessions with the same group. It is often helpful to identify a facilitator to lead this process. Also, as a means to leverage limited resources and to ensure broad exposure, this could be conducted in cooperation or coordination with the applicable metropolitan or statewide planning process.
 - (2) Self-assessment tool. *The Framework for Action: Building the Fully Coordinated Transportation System*, developed by FTA and available at www.unitedweride.gov, helps stakeholders realize a shared perspective and build a roadmap for moving forward together. The self-assessment tool focuses on a series of core elements that are represented in categories

of simple diagnostic questions to help groups in States and communities assess their progress toward transportation coordination based on standards of excellence. There is also a *Facilitator's Guide* that offers detailed advice on how to choose an existing group or construct an ad hoc group. In addition, it describes how to develop elements of a plan, such as identifying the needs of targeted populations, assessing gaps and duplications in services, and developing strategies to meet needs and coordinate services.

- (3) Focus groups. A community could choose to conduct a series of focus groups within communities that provides opportunity for greater input from a greater number of representatives, including transportation agencies, human service providers, and passengers. This information can be used to inform the needs analysis in the community. Focus groups also create an opportunity to begin an ongoing dialogue with community representatives on key issues, strategies, and plans for implementation.
- (4) Survey. The community may choose to conduct a survey to evaluate the unmet transportation needs within a community and/or available resources. Surveys can be conducted through mail, e-mail, or in-person interviews. Survey design should consider sampling, data collection strategies, analysis, and projected return rates. Surveys should be designed taking accessibility considerations into account, including alternative formats, access to the internet, literacy levels, and limited English proficiency.
- (5) Detailed study and analysis. A community may decide to conduct a complex analysis using inventories, interviews, GIS mapping, and other types of research strategies. A decision to conduct this type of analysis should take into account the amount of time and funding resources available, and communities should consider leveraging State and MPO resources for these undertakings.

3. PARTICIPATION IN THE COORDINATED PUBLIC TRANSIT-HUMAN SERVICES TRANSPORTATION PLANNING PROCESS. Recipients shall certify that the coordinated plan was developed through a process that included representatives of public, private, and non-profit transportation and human services providers, and participation by members of the public. Note that the required participants include not only transportation providers but also providers of human services, and members of the public (e.g., individuals with disabilities, older adults, and individuals with low incomes) who can provide insights into local transportation needs. It is important that stakeholders be included in the development and implementation of the local coordinated public transit-human services transportation plan. A planning process in which stakeholders provide their opinions but have no assurance that those opinions will be considered in the outcome does not meet the requirement of 'participation.' Explicit consideration and response should be provided to public input received during the development of the coordinated plan. Stakeholders should have reasonable opportunities to be actively involved in the decision-making process at key decision points, including, but not limited to, development of the proposed coordinated plan document. The following possible strategies facilitate appropriate inclusion:

- a. Adequate Outreach to Allow for Participation. Outreach strategies and potential participants will vary from area to area. Potential outreach strategies could include notices or flyers in centers of community activity, newspaper or radio announcements, e-mail lists, website postings, and invitation letters to other government agencies, transportation providers, human services providers, and advocacy groups. Conveners should note that not all potential participants have access to the Internet and they should not rely exclusively on electronic communications. It is useful to allow many ways to participate, including in-person testimony, mail, e-mail, and teleconference. Any public meetings regarding the plan should be held in a location and time where accessible transportation services can be made available, and adequately advertised to the general public using techniques such as those listed above. Additionally, interpreters for individuals with hearing impairments and English as a second language and accessible formats (e.g., large print, Braille, electronic versions) should be provided as required by law.
- b. Participants in the Planning Process. Metropolitan and statewide planning under 49 U.S.C. 5303 and 5304 require consultation with an expansive list of stakeholders. There is significant overlap between the lists of stakeholders identified under those provisions (e.g., private providers of transportation, representatives of transit users, and representatives of individuals with disabilities) and the organizations that should be involved in preparation of the coordinated plan.

The projects selected for funding under the Section 5310 , JARC, and New Freedom Programs must be "derived from a locally developed, coordinated public transit-human services transportation plan" that was "developed through a process that includes representatives of public, private, and non-profit transportation and human services providers and participation by members of the public." The requirement for developing the local public transit-human services transportation plan is intended to improve services for people with disabilities, older adults, and individuals with low incomes. Therefore, individuals, groups and organizations representing these target populations should be invited to participate in the coordinated planning process. Consideration should be given to including groups and organizations such as the following in the coordinated planning process if present in the community:

(1) Transportation partners:

- (a) Area transportation planning agencies, including MPOs, Councils of Government (COGs), Rural Planning Organizations (RPOs), Regional Councils, Associations of Governments, State Departments of Transportation, and local governments;
- (b) Public transportation providers (including Americans with Disabilities Act (ADA) paratransit providers and agencies administering the projects funded under FTA urbanized and nonurbanized programs);
- (c) Private transportation providers, including private transportation brokers, taxi operators, van pool providers, school transportation operators, and intercity bus operators;
- (d) Non-profit transportation providers;

- (e) Past or current organizations funded under the JARC, Section 5310, and/or the New Freedom Programs; and
 - (f) Human service agencies funding, operating, and/or providing access to transportation services.
- (2) Passengers and advocates:
- (a) Existing and potential riders, including both general and targeted population passengers (individuals with disabilities, older adults, and people with low incomes);
 - (b) Protection and advocacy organizations;
 - (c) Representatives from independent living centers; and
 - (d) Advocacy organizations working on behalf of targeted populations.
- (3) Human service partners:
- (a) Agencies that administer health, employment, or other support programs for targeted populations. Examples of such agencies include but are not limited to Departments of Social/Human Services, Employment One-Stop Services; Vocational Rehabilitation, Workforce Investment Boards, Medicaid, Community Action Programs (CAP), Agency on Aging (AoA); Developmental Disability Council, Community Services Board;
 - (b) Non-profit human service provider organizations that serve the targeted populations;
 - (c) Job training and placement agencies;
 - (d) Housing agencies;
 - (e) Health care facilities; and
 - (f) Mental health agencies.
- (4) Other:
- (a) Security and emergency management agencies;
 - (b) Tribes and tribal representatives;
 - (c) Economic development organizations;
 - (d) Faith-based and community-based organizations;
 - (e) Representatives of the business community (e.g., employers);
 - (f) Appropriate local or State officials and elected officials;

- (g) School districts; and
- (h) Policy analysts or experts.

Note: Participation in the planning process will not bar providers (public or private) from bidding to provide services identified in the coordinated planning process. This planning process differs from the competitive selection process, and it differs from the development and issuance of a Request for Proposal (RFP) as described in the Common Grant Rule (49 CFR part 18).

- c. Levels of Participation. The suggested list of participants above does not limit participation by other groups, nor require participation by every group listed. Communities will have different types of participants depending on population and size of community, geographic location, and services provided at the local level. It is expected that planning participants will have an active role in the development, adoption, and implementation of the plan. Participation may remain low even though a good faith effort is made by the lead agency to involve passengers, representatives of public, private, and non-profit transportation and human services providers, and others. The lead agency convening the coordinated planning process should document the efforts it utilized, such as those suggested above, to solicit involvement.

In addition, Federal, State, regional, and local policy makers, providers, and advocates should consistently engage in outreach efforts that enhance the coordinated process, because it is important that all stakeholders identify the opportunities that are available in building a coordinated system. To increase participation at the local levels from human service partners, State Department of Transportation offices are encouraged to work with their partner agencies at the State level to provide information to their constituencies about the importance of partnering with human service transportation programs and the opportunities that are available through building a coordinated system.

- d. Adoption of a Plan. As a part of the local coordinated planning process, the lead agency in consultation with participants should identify the process for adoption of the plan. A strategy for adopting the plan could also be included in the designated recipient's Program Management Plan (PMP) further described in Chapter VII.

FTA will not formally review and approve plans. The designated recipient's grant application (see Appendix A) will document the plan from which each project listed is derived, including the lead agency, the date of adoption of the plan, or other appropriate identifying information. This may be done by citing the section of the plan or page references from which the project is derived.

4. RELATIONSHIP TO OTHER TRANSPORTATION PLANNING PROCESSES.

- a. Relationship Between the Coordinated Planning Process and the Metropolitan and Statewide Transportation Planning Processes. The coordinated plan can either be developed separately from the metropolitan and statewide transportation planning processes and then incorporated into the broader plans, or be developed as a part of the metropolitan and statewide transportation planning processes. If the coordinated plan is not prepared within the broader process, the lead agency for the coordinated plan should

ensure coordination and consistency between the coordinated planning process and metropolitan or statewide planning processes. For example, planning assumptions should not be inconsistent.

Projects identified in the coordinated planning process, and selected for FTA funding through the competitive selection process must be incorporated into both the Transportation Improvement Program (TIP) and Statewide Transportation Improvement Program (STIP) in urbanized areas with populations of 50,000 or more; and incorporated into the STIP for nonurbanized areas under 50,000 in population. In some areas, where the coordinated plan or competitive selection is not completed in a timeframe that coincides with the development of the TIP/STIP, the TIP/STIP amendment processes will need to be utilized to include competitively selected projects in the TIP/STIP before FTA grant award.

The lead agency developing the coordinated plan should communicate with the relevant MPOs or State planning agencies at an early stage in plan development. States with coordination programs may wish to incorporate the needs and strategies identified in local coordinated plans into statewide coordination plans.

Depending upon the structure established by local decision-makers, the coordinated planning process may or may not become an integral part of the metropolitan or statewide transportation planning processes. State and local officials should consider the fundamental differences in scope, time horizon, and level of detail between the coordinated planning process and the metropolitan and statewide transportation planning processes. However, there are important areas of overlap between the planning processes, as well. Areas of overlap represent opportunities for sharing and leveraging resources between the planning processes for such activities as: (1) needs assessments based on the distribution of targeted populations and locations of employment centers, employment-related activities, community services and activities, medical centers, housing and other destinations; (2) inventories of transportation providers/resources, levels of utilization, duplication of service and unused capacity; (3) gap analysis; (4) any eligibility restrictions; and (5) opportunities for increased coordination of transportation services. Local communities may choose the method for developing plans that best fits their needs and circumstances.

- b. Relationship Between the Requirement for Public Participation in the Coordinated Plan and the Requirement for Public Participation in Metropolitan and Statewide Transportation Planning. SAFETEA-LU strengthened the public participation requirements for metropolitan and statewide transportation planning. Title 49 U.S.C. 5303(i)(5) and 5304(f)(3), as amended by SAFETEA-LU, require MPOs and States to engage the public and stakeholder groups in preparing transportation plans, TIPs, and STIPs. "Interested parties" include, among others, affected public agencies, private providers of transportation, representatives of users of public transportation, and representatives of individuals with disabilities.

MPOs and/or States may work with the lead agency developing the coordinated plan to coordinate schedules, agendas, and strategies of the

coordinated planning process with metropolitan and statewide planning in order to minimize additional costs and avoid duplication of efforts. MPOs and States must still provide opportunities for participation when planning for transportation related activities beyond the coordinated public transit-human services transportation plan.

- c. Cycle and Duration of the Coordinated Plan. At a minimum, the coordinated plan should follow the update cycles for metropolitan transportation plans (i.e., four years in air quality nonattainment and maintenance areas and five years in air quality attainment areas). However, communities and States may update the coordinated plan to align with the competitive selection process based on needs identified at the local levels. States, MPOs, designated recipients, and public agencies that administer or operate major modes of transportation should set up a cycle that is conducive to and coordinated with the metropolitan and statewide planning processes, to ensure that selected projects are included in the TIP and STIP, to receive funds in a timely manner.
- d. Role of Transportation Providers that Receive FTA Funding Under the Urbanized and Other Than Urbanized Formula Programs in the Coordinated Planning Process. Recipients of Section 5307 and Section 5311 assistance are the “public transit” in the public transit-human services transportation plan and their participation is assumed and expected. Further, 49 U.S.C. 5307(c)(5) requires that, “Each recipient of a grant shall ensure that the proposed program of projects (POP) provides for the coordination of public transportation services ... with transportation services assisted from other United States Government sources.” In addition, 49 U.S.C. 5311(b)(2)(C)(ii) requires the Secretary of the DOT to determine that a State's Section 5311 projects “provide the maximum feasible coordination of public transportation service ... with transportation service assisted by other Federal sources.” Finally, under the Section 5311 program, States are required to expend 15 percent of the amount available to support intercity bus service. FTA expects the coordinated planning process in rural areas to take into account human service needs that require intercity transportation.

Appendix C – Mobility Management – Eligible Activities and Potential Projects

Supporting new mobility management and coordination programs among public transportation providers and other human service agencies providing transportation is an eligible project through the Federal Transit Administration's (FTA) Section 5317 (New Freedom) and Section 5316 (Job Access and Reverse Commute – JARC) Programs. Mobility management is considered an eligible capital cost. Therefore, the federal share of eligible project costs is 80 percent (as opposed to 50 percent for operating projects).

The following excerpt on mobility management activities is included in the FTA guidance for the New Freedom and JARC Programs:

- (1) Supporting new mobility management and coordination programs among public transportation providers and other human service agencies providing transportation. Mobility management is an eligible capital cost. Mobility management techniques may enhance transportation access for populations beyond those served by one agency or organization within a community. For example, a non-profit agency could receive New Freedom funding to support the administrative costs of sharing services it provides to its own clientele with other individuals with disabilities and coordinate usage of vehicles with other non-profits, but not the operating costs of the service. Mobility management is intended to build coordination among existing public transportation providers and other transportation service providers with the result of expanding the availability of service. Mobility management activities may include:
 - (a) The promotion, enhancement, and facilitation of access to transportation services, including the integration and coordination of services for individuals with disabilities, older adults, and low-income individuals;
 - (b) Support for short term management activities to plan and implement coordinated services;
 - (c) The support of State and local coordination policy bodies and councils;
 - (d) The operation of transportation brokerages to coordinate providers, funding agencies and customers;

- (e) The provision of coordination services, including employer-oriented Transportation Management Organizations' and Human Service Organizations' customer-oriented travel navigator systems and neighborhood travel coordination activities such as coordinating individualized travel training and trip planning activities for customers;
- (f) The development and operation of one-stop transportation traveler call centers to coordinate transportation information on all travel modes and to manage eligibility requirements and arrangements for customers among supporting programs; and
- (g) Operational planning for the acquisition of intelligent transportation technologies to help plan and operate coordinated systems inclusive of Geographic Information Systems (GIS) mapping, Global Positioning System Technology, coordinated vehicle scheduling, dispatching and monitoring technologies as well as technologies to track costs and billing in a coordinated system and single smart customer payment systems (acquisition of technology is also eligible as a stand alone capital expense).

A Mobility Manager can be the centerpiece of an effort to coordinate existing services to maximize efficiency and effectiveness. This entity can be designed to:

- Plan and identify needs and solutions, with an emphasis on work, school and training trips.
- Continue to seek greater efficiencies and reduce duplication through coordination.
- Coordinate and seek public and private funding – including New Freedom, JARC, and sponsorships.
- Coordinate human service transportation with workforce boards, social service agencies, etc.
- Conduct marketing efforts, developing schedules and how to ride guides.
- Serve as One Stop Information Center.
- Function as a rideshare coordinator.
- Develop a mentoring function.

Appendix D – Potential Non-DOT Federal Program Guide

Source – United We Ride website

http://www.unitedweride.gov/1_691_ENG_HTML.htm

U.S. Department of Agriculture

- [Food and Nutrition Service](#)

U.S. Department of Education

- [Office of Elementary and Secondary Education](#)
- [Office of Innovation and Improvement](#)
- [Office of Special Education and Rehabilitative Services](#)

U.S. Department of the Interior

- [Bureau of Indian Affairs](#)

U.S. Department of Health and Human Services

- [Health Resources and Services Administration](#)
- [Centers for Medicare and Medicaid Services](#)
- [Administration on Aging](#)
- [Substance Abuse and Mental Health Services](#)
- [Administration for Children and Families](#)

U.S. Department of Housing and Urban Development

U.S. Department of Labor

- [Employment Standards Administration](#)
- [Veterans' Employment and Training Service](#)
- [Employment and Training Administration](#)

U.S. Department of Veterans Affairs

- [Veterans Benefits Administration](#)
- [Veterans Health Administration](#)

Note: The individual links above may be accessed at the United We Ride Website:

http://www.unitedweride.gov/1_691_ENG_HTML.htm

Appendix E – Workshop Attendees

1st Workshop – PDC 1, 2, and 3

Name	Organization	Type	County/PDC	Phone	E-mail
Desiree Clark	Dept of Rehab	CD	Wise	276-762-5561	Desiree.Clark@drs.virginia.gov
Pat Gibson	Dept of Rehab	CD	Dickenson, Norton, Lee	276-762-5561	Patricia.Gibson@drs.virginia.gov
Dennis Blevins	Department of Rehab	CD	Wise, Scott	276-762-5561	blevindr@drs.virginia.gov
Margie Stuart	Mount Rogers Community Services Board	CSB	PDC 3	276-783-7135	margies@mrscsb.state.va.us
Ron Burnop	Mount Rogers Community Services Board	CSB	PDC 3	276-783-7135	ronb@mrscsb.state.va.us
Anthony Webb	Frontier Health	HS	Lee	276-431-4370	awebb@frontierhealth.org
Lindsey Sturgill	Frontier Health- PDI CSB	HS	Lee	276-523-0682	lsturgil@frontierhealth.org
Thelma S. Gilley	Commonwealth Council on Aging	HS	BSG, VA	276-679-1394	Thelma32@adelphia.net
Greg Morrell	Appalachian Independence Center	HS	PDC 3	276-628-2979	gmorrell@naxs.net
Bill Duncan	Appalachian Independence Center	HS	PDC 3	276-236-6055	aic.galax@earthlink.net
Kaye Berry	AARP VA	HS	All	276-783-6089	IAMAKBERRY@yahoo.com
Jack Wall	Wall Residences LLC	HS	Floyd	540-745-4216	jwall@wallresidence.com
Glen F. Pollard	Southwestern VA Training Center	JT	Carroll Co.	276-728-1110	glen.pollard@swvtc.dmhmrsvirginia.gov
Judy Jarratt	Logisticare	MTP	All	804-236-1570	JudyJ@Logisticare.com
Elizabeth Iskra	Mount Rogers PDC	PDC	PDC 3	276-781-5301	eiskra@mrpdc.org
Joe Ratliff	Four County Transit of AASC	PT	PDC 2	276-964-7180	JRatliff@AASC.org
James Hampton	Graham Transit/Town of Bluefield	PT	Town of Bluefield	276-322-4628	Hampton@4seasonswireless.net
Mike Henson	MEOC	PT	PDC 1	276-523-4202	mhenson@meoc.org
David Richardson	District Three Public Transit	PT	PDC 3	276-783-8157	drichardson@smyth.net
Richard Teigue	District Three Public Transit	PT	PDC 3	276-783-8157	RTeigue@smyth.net
Donna Smith	District Three Public Transit	PT	PDC 3	276-783-8157	dksmith@smyth.net
Monty Mills	VA Highway Safety Office	SD	State	276-228-8698	Monty.Mills@DMV.Virginia.gov
Kathy Robinson	Va Dept of Health, SW Va Care Connection for Children	SD	Washington- SW Region	276-645-4904	Kathy.Robinson@vdh.virginia.gov

'Type' Key:

CD = County Department

CSB = Community Service Board

HS = Human Services

JT = Job Training Center

MTP = Medicare Transportation Provider

PDC = PDC Planning Office

PT = Public Transit

SD = Statewide Department

2nd Workshop – PDC 1, 2 and 3

Name	Organization	County/PDC	Phone	E-mail
David Richardson	District Three Public Transit	3	276-7783-8157	drichardson@smyth.net
Mike Henson	Mt. Empire Older Citizen Transit	1	276-523-7433	mhenson@meoc.org
Greg Morell	Appalachian Independence Center	3	276-628-2979	gmorell@naxs.net
Donna Smith	District Three Public Transit	3	276-783-8157	dksmith@smyth.net
Mike Guy	District Three Public Transit	3	276-783-8157	mguy@smyth.net
Richard Teigue	District Three Public Transit	3	276-783-8157	rteigue@smyth.net
Joe Ratliff	Four County Transit of AASC	Tazewell	276-964-7182	jratliff@aasc.org
Ron Burnop	Mount Rogers CSB	Smythe, Wythe, Bland, Carroll, Grayson & Galax	276-783-2027, or 7135	Ron.burnop@mrcsb.state.va.us
Margie Stuart	Mount Rogers CSB	Smythe, Wythe, Bland, Carroll, Grayson & Galax	276-783-2027, or 7135	Margie.stuart@mrcsb.state.va.us
Neil Sherman	DRPT	State	804-786-1154	Neil.sherman@drpt.virginia.gov

3rd Workshop – PDC 1, 2 and 3

Name	Organization	Type	County/PDC	Phone	E-mail
Donna Buckland	Appalachian Independence Center	HS	Washington/ PDC 3	276-628-2979	dbuckland@naxs.net
Debbie Peake	Department of Rehabilitative Services	SD	Smyth	276-781-7466	debbiepeake@drs.virginia.gov

Name	Organization	Type	County/PDC	Phone	E-mail
Steve Halley	Appalachian Independence Center	HS	Washington/ PDC 3	276-628-2979	shalley@ntelos.net
Greg Morrell	Appalachian Independence Center	HS	Washington/ PDC 3	276-628-2979	gmorrell@naxs.net
Donna Smith	District Three		Smyth/ PDC 3	276-783-8157	dksmith@smyth.net
David Richardson	District Three		Smyth/ PDC 3	276-783-8157	drichardson@smyth.net
Richard Teigue	District Three		Smyth/ PDC 3	276-783-8157	rteigue@smyth.net
Mike Guy	District Three		Smyth/ PDC 3	276-783-8157	mguy@smyth.net
Lynn Kinney	Mount Rogers PDC	PDC	PDC 3	276-783-5103 ext 319	lmckinney@mrpdc.org
Chris Starnes	LENOWISCO PDC	PDC	PDC 1	431-2202	lstarnes@lenowisco.org
Ron Burnop	Mount Rogers CSB	CSB	PDC 3	276-783-2027	ron.burnop@mrcsb.state.va.us
Margie Stuart	Mount Rogers CSB	CSB	PDC 3	276-783-7135	margie.stuart@mrcsb.state.va.us
Bill Wimmer	Cumberland Mountain CSB	CSB	Buchanan, Tazewell, Russell	276-964-0377	bwimmer@cmcsb.com
Angela Beavers	Cumberland Plateau PDC	PDC	Buchanan, Tazewell, Russell, Dickerson	276-889-1778	angiebeavers@buanet.net
Michael Wampler	Mountain Empire Older Citizens	AAA/ PT	PDC 1	276-523-7433	mwampler@meoc.org
Dewayne Bolling	Mountain Empire Older Citizens	AAA/ PT	PDC 1	276-523-7433	dbolling@meoc.org
Hampton	Graham Transit/Town of Bluefield	PT		276-322-4628	hampton@bluefieldva.org
Joe Ratcliff	Four County Transit of AASC	PT	PDC 2	276-964-7182	jratcliff@aasc.org
David Barrett	Mount Rogers PDC	PDC	PDC 3	276-783-5103	dabarrett@mrpdc.org
Neil Sherman	DRPT	SD		804-786-1154	Neil.Sherman@drpt.virginia.gov

Appendix F – Demographics of Potentially Transit Dependent Persons

LENOWISCO (PDC 1)

DEMOGRAPHICS OF POTENTIALLY TRANSIT DEPENDENT PERSONS

Block Group Number	County	Land Area (Square Miles)	Households	Population	Population Density (Persons/SqMi)	Elderly	Mobility Disabled	Below Poverty	Autoless Households
511059901001	Lee	14.8	348	761	51.6	141	117	175	32
511059901002	Lee	18.9	381	847	44.9	141	143	266	48
511059901003	Lee	19.1	270	580	30.4	96	86	123	22
511059901004	Lee	22.8	303	685	30.1	103	109	242	29
511059901005	Lee	6.4	418	890	138.3	181	185	193	53
511059902001	Lee	9.7	534	1,320	136.0	289	181	199	40
511059902002	Lee	22.8	533	1,250	54.9	183	91	152	13
511059902003	Lee	13.5	365	770	57.1	145	123	137	59
511059902004	Lee	16.7	363	838	50.3	139	68	110	30
511059903001	Lee	3.5	586	1,119	323.3	290	134	337	62
511059903002	Lee	1.4	398	786	543.8	183	113	265	69
511059903003	Lee	10.1	539	1,070	106.1	253	110	272	73
511059903004	Lee	5.0	378	830	166.3	152	49	175	24
511059904001	Lee	45.3	522	1,103	24.3	246	118	173	61
511059904002	Lee	42.9	386	720	16.8	180	69	164	50
511059904003	Lee	28.7	502	1,196	41.7	185	99	141	41
511059905001	Lee	22.0	425	962	43.7	235	115	230	69
511059905002	Lee	32.0	772	1,631	51.0	333	182	473	26
511059905003	Lee	6.8	535	1,088	159.4	226	117	266	59
511059905004	Lee	7.5	528	974	130.3	281	115	329	104
511059906001	Lee	34.5	633	1,279	37.1	272	89	357	71
511059906002	Lee	14.7	525	1,167	79.5	248	180	268	49
511059906003	Lee	20.1	441	877	43.7	222	44	231	45
511059906004	Lee	18.2	401	846	46.6	179	146	310	51
511690301001	Scott	7.0	600	1,168	165.9	286	133	193	67
511690301002	Scott	7.1	611	1,351	191.6	319	128	149	71
511690301003	Scott	5.2	626	1,157	222.2	333	251	187	75
511690302001	Scott	13.6	495	1,217	89.7	369	189	338	34
511690302002	Scott	45.0	574	1,157	25.7	285	148	260	75
511690302003	Scott	38.2	479	945	24.7	211	138	109	69
511690302004	Scott	17.0	320	690	40.5	133	38	55	15
511690303001	Scott	23.2	400	821	35.4	153	96	194	44

LENOWISCO (PDC 1)

DEMOGRAPHICS OF POTENTIALLY TRANSIT DEPENDENT PERSONS

Block Group Number	County	Land Area (Square Miles)	Households	Population	Population Density (Persons/SqMi)	Elderly	Mobility Disabled	Below Poverty	Autoless Households
511690303002	Scott	85.0	751	1,441	16.9	302	206	330	70
511690303003	Scott	45.5	749	1,548	34.0	318	179	357	60
511690304001	Scott	39.4	547	1,132	28.7	303	153	154	99
511690304002	Scott	47.0	695	1,434	30.5	327	163	240	67
511690304003	Scott	27.8	649	1,315	47.3	284	249	250	112
511690305001	Scott	43.7	639	1,364	31.2	323	151	175	83
511690305002	Scott	24.4	745	1,551	63.6	318	214	209	46
511690305003	Scott	46.0	569	1,161	25.3	230	108	204	67
511690306001	Scott	6.5	264	618	95.3	108	60	74	25
511690306002	Scott	5.6	695	1,379	247.5	361	146	153	58
511690306003	Scott	4.0	500	1,012	251.1	320	98	125	42
511690306004	Scott	5.4	447	942	175.3	223	80	126	41
511959907001	Wise	25.4	878	1,872	73.8	336	150	317	63
511959907002	Wise	12.1	417	900	74.1	161	95	166	40
511959908001	Wise	21.9	333	742	34.0	128	92	118	13
511959908002	Wise	23.0	655	1,497	65.0	267	168	271	63
511959909001	Wise	12.7	982	2,175	171.8	442	246	311	89
511959909002	Wise	3.8	1,014	2,083	542.1	276	159	405	50
511959910001	Wise	17.5	657	1,529	87.3	293	237	315	60
511959910002	Wise	42.9	499	1,117	26.0	215	139	315	45
511959911001	Wise	39.7	800	1,770	44.6	337	237	477	151
511959911002	Wise	22.9	731	1,529	66.8	361	152	302	80
511959912001	Wise	3.5	262	667	191.9	108	65	103	27
511959912002	Wise	0.7	614	1,243	1,882.9	283	110	150	29
511959912003	Wise	1.5	655	1,537	1,046.6	474	124	349	99
511959912004	Wise	9.2	1,000	2,224	242.1	309	263	841	117
511959913001	Wise	8.1	957	2,032	251.9	421	219	416	119
511959913002	Wise	27.5	823	2,030	73.7	326	118	260	24
511959914001	Wise	15.8	994	2,577	163.3	373	281	195	103
511959914002	Wise	24.4	990	2,335	95.6	435	156	330	83
511959915001	Wise	16.1	467	1,114	69.2	181	141	302	77
511959915002	Wise	3.4	378	893	261.5	190	79	126	29
511959915003	Wise	16.7	1,202	2,915	175.0	422	294	887	110
511959916001	Wise	14.7	715	1,486	100.8	298	189	217	48

LENOWISCO (PDC 1)

DEMOGRAPHICS OF POTENTIALLY TRANSIT DEPENDENT PERSONS

Block Group Number	County	Land Area (Square Miles)	Households	Population	Population Density (Persons/SqMi)	Elderly	Mobility Disabled	Below Poverty	Autoless Households
511959916002	Wise	18.2	764	1,687	92.7	352	197	228	42
511959917001	Wise	10.8	352	836	77.1	120	119	132	17
511959917002	Wise	11.6	653	1,333	114.6	312	144	294	111
517209901001	Norton city	2.0	371	796	396.6	124	102	236	48
517209901002	Norton city	1.7	814	1,717	996.4	375	200	295	95
517209901003	Norton city	0.3	434	715	2,218.6	181	72	96	69
517209901004	Norton city	3.5	327	676	194.4	116	64	249	48
		1,385.3	42,179	91,019	14,080.1	18,625	10,323	18,173	4,349

Appendix G – Statement of Participation

Requested Action

In order to meet the spirit and intent of the SAFETEA-LU legislation and the *Final FTA Guidance on Coordinated Planning Requirements*, workshop participants representing the 21 PDCs are requested to affirm that they have been involved in the coordinated planning process for their region and endorse the output of that involvement, as captured by their local CHSM Plan.

Statement of Participation

As a participant and/or stakeholder in the coordinated planning process in the Commonwealth of Virginia for human service and public transportation, I have been invited to participate and provide input into the CHSM Plan for my region. I acknowledge that this CHSM Plan is a legitimate representation of my region's needs, gaps, strategies, and potential projects that will support future funding applications under the Section 5310, S. 5316, and S. 5317 Programs.

Participating Agency (Please sign your Agency Name only)

- Mount Rogers Community Services Board
- District Three Senior Services
- District Three Public Transit
- Appalachian Independence Center
- Mountain Empire Older Citizens, Inc.
- Graham Transit/Town of Bluefield
- Four County Transit of the AASC

